

Western Ontario Drama League

Application for Workshop Assistance

Host Group:

Workshop Chair:

Address:

Phone:

Email:

Date of Proposed Workshop:

Topic of Workshop:

Location of Workshop:

Length in hours/days:

Maximum number attending:

Have you contacted a Workshop Leader? Please provide details if so.

Cost per person to attend: \$

How will you advertise this workshop to other member groups?

Other pertinent information

Date of Application:

Western Ontario Drama League

PROPOSED BUDGET*

INCOME

Fees from those attending

Donations

WODL Grant (maximum \$200)

other (specify)

TOTAL INCOME

COMMENTS:

EXPENSES

Leader's fee

Rental of facility

Refreshments

Other (specify)

TOTAL EXPENSES

Please forward this application with your budget proposal to :

Membership and Development Committee

c/o Sue Perkins

231 Goddard Boulevard

London, ON N5W 4Z9

or

E-Mail: membership@wodl.on.ca

*NB *A Final report complete with financial statements and receipts will be required before funding will be given out.*