



Western Ontario Drama League

APPLICATION FOR WORKSHOP ASSISTANCE

Host Group _____

Workshop Chair _____

Address _____

Phone _____ Email _____

Date of Application _____ Date of Proposed Workshop _____

Topic of Workshop _____

Location of Workshop _____

Length in hours/days _____ Maximum number attending _____

Have you contacted a Workshop Leader? _____ Name _____

Member of Theatre Ontario Talent Pool? _____

Cost per person to attend _____

How will you advertise this workshop to other member groups? _____

Other pertinent information _____

PROPOSED BUDGET*

INCOME

Fees from those attending _____

Donations _____

WODL _____

other (specify) _____

TOTAL INCOME _____

COMMENTS: _____

EXPENSE

Leader's fee _____

Rent _____

Refreshments _____

Other (specify) _____

TOTAL EXPENSE

***PLEASE FORWARD THIS APPLICATION WITH YOUR
BUDGET PROPOSAL TO MEMBERSHIP AND
DEVELOPMENT COMMITTEE:***

Co/Dianne Clark, 27-129 Concession St. E., Tillsonburg, ON N4G 4N4

E-Mail: alwaysmoremusic@hotmail.com Phone (519)842-7473

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