

SASKATCHEWAN DRAMA ASSOCIATION
REGIONAL FESTIVAL FINAL REPORT 2010

Name of Host

Name of School

School Address

Postal Code

Email Address

Phone Number

FESTIVAL DATES & LOCATION FOR 2011

Regional Host for 2011: _____
(SDA Adult Member's Name)

Festival Dates 2011: _____

Festival School: _____

Festival Venue if different from School: _____

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A. **Total Gate Receipts Enclosed** \$ _____
(Do not pay any bills from this money prior to sending it to the office)

B. **Total Grants Received (e.g. Sasktel, Sask Power, Teachers Credit Union etc.)**

From: 1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

TOTAL GRANTS RECEIVED (Add lines 1, 2, 3) \$ _____
If more than 3 grants received, please attach a complete list.

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C. Donations

Please send a complete list (if applicable) with the appropriate information of all persons/companies that require an Income Tax Receipt. (A form was sent to you in your Host Package)

For more information please refer to CRA website www.cra.gc.ca/charities.
A gift of \$20.00 or more will receive a income tax receipt from SDA.

Total Donations (Please attach a complete list) \$ _____

D. Bills to be paid.

- 1) **List all outstanding bills ON THE FOLLOWING PAGE.** Staple the bills to this form (including bills for social events). Social events were to be cost recovered by 'Social Fees'. If social event costs exceed the amount charged and collected, the balance will be taken from your profit.
- 2) Write the name and address of the person/business being paid on the form.
- 3) Indicate **clearly** bills that you have paid from your SRC, etc. so that the appropriate amount and correct payee can be paid.

The Provincial Office will pay all budgeted expenses on your behalf from your festival funds.

**** NOTE: SDA CANNOT PAY BILLS THAT EXCEED THE REGIONAL REVENUE. SDA MUST HAVE A SIGNED CONTRACT FOR ALL ADJUDICATORS, STAGE COORDINATORS AND WORKSHOP PERSONNEL.**

NO PROFIT WILL BE DISTRIBUTED UNTIL ALL FESTIVAL BILLS ARE PAID.

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D. Bills to be Paid (continued)

	<u>Pay & Send To: (Name & Address)</u>	<u>For What?</u>	<u>\$ Amount</u>
1)	_____ _____	_____ _____	_____
2)	_____ _____	_____ _____	_____
3)	_____ _____	_____ _____	_____
4)	_____ _____	_____ _____	_____
5)	_____ _____	_____ _____	_____
6)	_____ _____	_____ _____	_____
7)	_____ _____	_____ _____	_____
8)	_____ _____	_____ _____	_____
9)	_____ _____	_____ _____	_____
10)	_____ _____	_____ _____	_____
11)	_____ _____	_____ _____	_____
12)	_____ _____	_____ _____	_____

**TOTAL BILLS
TO BE PAID FROM THE PROVINCIAL OFFICE \$ _____**