



**ALBERTA COMMUNITY ART CLUBS ASSOCIATION**

**Society No. 500053301**

**Registered Charity No. 898420948 RR0001**

**WORKSHOP REPORT**

This form must be completed at the conclusion of any Alberta Community Art Clubs Association assisted workshop and submitted to the ACACA Treasurer within **30 days** please.

**Name and Address of Club:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date and Place of Workshop:** \_\_\_\_\_  
\_\_\_\_\_

**Rental Fee: (if any):** \_\_\_\_\_

**Registration Fee:** \_\_\_\_\_

**Number attending the Workshop:** \_\_\_\_\_ (Please provide the names and addresses of the workshop participants on a separate sheet of paper and mail with this form)

**Names of Community Art Clubs participating:** \_\_\_\_\_

---

**Instructor:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone/Fax/Email:** \_\_\_\_\_

**Hours and cost of instruction:** \_\_\_\_\_

**Evaluation of workshop and comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We declare the above to be a true report and furthermore that the grant money received from the Alberta Community Art Clubs Association will be used to pay for art instruction.**

**Person to whom grant is sent:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Witness:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_