



ALBERTA COMMUNITY ART CLUBS ASSOCIATION

Society No. 500053301

Registered Charity No. 898420948 RR0001

WORKSHOP GRANT APPLICATION

This form must be completed and submitted to the ACACA Treasurer for review and approval by the ACACA Executive Committee.
(Please make sure you have read the criteria information sheet before completing this form)

Name and Address of Club requesting Grant:

Zone: _____

Contact Person: _____

Address: _____

Phone/Fax/Email: _____

Type of Workshop: _____

Date(s): _____

Location: _____

Rent (if any) _____

Hours of Instruction: _____

Estimated Class Size: _____ **Registration Fee:** _____

Name of Instructor: _____

His/Her Address: _____

Phone/Fax/Email: _____

Instructor's Fee: _____

Kind of Outreach Planned: _____
