



**SASKATCHEWAN DRAMA ASSOCIATION
REGIONAL FESTIVAL FINAL REPORT [YEAR]**

Name of Host

Name of School

School Address

Postal Code

Email Address

Phone Number

FESTIVAL DATES AND LOCATION FOR [YEAR]

Regional Host for [YEAR]: _____
(SDA Adult Member's Name)

Festival Dates [YEAR]: _____

Festival School: _____

Festival Venue if different from School: _____

REGIONAL FESTIVAL FINANCIAL REPORT [YEAR]

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

B. Total Grants (Not Donations) Received (e.g. Sasktel, Sask Power, Teachers Credit Union etc.)

From: 1) _H.I.P. Grant_____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

TOTAL GRANTS RECEIVED (Add lines 1, 2, 3) \$ _____

If more than 3 grants received, please attach a complete list.

C. Donations

1. Please send a complete list with the appropriate information of all persons/companies you have received a donation for your Regional Festival.
2. Indicate if the persons/companies require an Income Tax Receipt.
3. SDA Charity Receipt forms are available on SDA's website.
4. A gift of \$25.00 or more will receive an income tax receipt from SDA upon request.
5. For more information re: charitable receipts please refer to CRA website www.cra.gc.ca/charities.

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

D. Bills to be paid

- 1. List all outstanding bills ON THE REGIONAL FINANCIAL REPORT - See the following page. Scan and attach copies of the bills to be paid. DO NOT FAX COPIES OF BILLS.**
- 2. Enter the name and the complete mailing address of the person/business being paid on SDA's form. Do not send your own form.**
- 3. The Provincial Office will pay all budgeted expenses on your behalf from your festival funds. Refer to your Standard Regional Festival Budget. Note: Make sure your submitted Budget is current.**
- 4. NO PROFIT SHARE WILL BE DISTRIBUTED UNTIL ALL FESTIVAL BILLS ARE PAID. PLEASE CONTACT THE PROVINCIAL OFFICE IF THERE IS A DELAY IN RECEIVING ALL YOUR BILLS.**

REGIONAL FESTIVAL FINANCIAL REPORT - PLEASE PRINT OR TYPE

D. Bills to be Paid (continued)

Pay & Send To: (Name & Address) **For** **\$ Amount**

1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____
5.	_____	_____	_____
	_____	_____	_____
6.	_____	_____	_____
	_____	_____	_____
7.	_____	_____	_____
	_____	_____	_____
8.	_____	_____	_____
	_____	_____	_____
9.	_____	_____	_____
	_____	_____	_____
10.	_____	_____	_____
	_____	_____	_____

**TOTAL AMOUNT BILLS TO BE PAID FROM THE PROVINCIAL OFFICE
FROM FUNDS COLLECTED FROM PARTICIPANTS FEES:**

\$ _____

If you require more space, please attach another copy of this page.

