



Canadian Square and Round Dance Society

Friendship from coast to coast / L'amitié d'un océan à l'autre

Application For Grants Program

Name of Sponsoring organization _____

Name & address of contact person _____

Position in the sponsoring committee _____

Number of members _____

Total cost of clinic _____ Amount of assistance required _____

Cost for members _____ Costs for non-members _____

INCLUDE A COPY OF THE PROPOSED BUDGET FOR THE TRAINING COURSE AS WELL AS
A COPY OF THE PREVIOUS YEAR'S FINANCIAL STATEMENT.

Dates of clinic _____ Number of hours of instruction _____

Subjects to be covered during the clinic and reasons for the selection.

Anticipated attendance at clinic _____

Name of clinician(s) under contract for the clinic (attach biography).

Other pertinent information that might help the PD Committee decide to provide financial assistance.

SIGNATURE _____ DATE _____

Comments & Signature of Federation/Association where applicable.

SIGNATURE _____ DATE _____



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Course Evaluation Form

Course attendees - Please complete the following clinic evaluation form and return to the sponsoring organization.

1. Name of the sponsoring organization _____

2. Name of the clinician(s) _____

3. Did the clinician cover the designated subjects and meet all expectations as outlined in the advertising literature? _____

4. Do you feel the clinic will result in an improvement in your calling/cueing/dance instruction? _____

Explain _____

5. Did the clinician conduct himself/herself in a professional manner? _____

6. Were you pleased with the overall educational program? _____

7. Would you attend another clinic sponsored by the same organization? _____

8. If you were not pleased with any portion of the clinic, please comment. _____

9. Any additional comments you wish to make.

Please return this questionnaire to the sponsoring organization.

A Copy of the evaluation forms to be sent to the Professional Development Committee before final payment will be received.

Revised: February 15, 2011