



CANADIAN SQUARE & ROUND DANCE SOCIETY
APPLICATION FOR GRANTS PROGRAM

Name of sponsoring organization _____

Name & address of contact person _____

Email Address _____

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 to decide to provide financial assistance.

SIGNATURE _____ DATE _____

Comments & Signature of Federation/Association where applicable.

SIGNATURE _____ DATE _____



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: January 21, 2019