

Greater Hartford Chapter American Guild of Organists

JOLIDON FUND ♦ Post-event Report Form

Name of person or organization:

Contact name _____ E-mail _____
Address _____ Phone(s) _____

Title of event/project _____
Date(s) of event _____
Venue/Location _____
Attendance _____

Please write a brief evaluation/description of the event (How it did/did not meet expectations, etc. Use reverse side and/or attach additional information if appropriate):

BUDGET INFORMATION

Income:

Ticket/admission \$ _____
Grant -Jolidon \$ _____
Grants – other \$ _____
Indiv. Donations \$ _____
Other \$ _____

Expense:

Artist fees \$ _____
Venue costs \$ _____
Publicity \$ _____
Other \$ _____

Total INCOME \$ _____

Total EXPENSE \$ _____

Submit this form to: gabilof@yahoo.com or to:

Gabriel Löfvall
285 Church Street,
Hartford, CT 06103

Please also include with this form a copy of the printed program with the Jolidon Fund acknowledgement.