



**THEATRE RENTAL SUBSIDY CLAIM FORM**

A copy of the invoice from the theatre is to be attached along with a final income and expenditure statement.

Name of Theatre: .....

Address of Theatre: .....

.....

Telephone Number: .....

Name of Production: .....

.....

Name of Company or Individual: .....

Address: .....

.....

Telephone Number: .....

Dates of Production Season: .....

Total of **Base** Theatre Rental : \$ .....

Total amount of Theatre Rental : \$ .....

Amount of Theatre Rental Subsidy claimed: \$ .....

Signed by the Recipient of the Theatre Rental Subsidy:.....

Signed by the Theatre Manager: .....

Please return to:  
The Executive Officer  
Carclew Youth Arts Centre  
11 Jeffcott Street  
NORTH ADELAIDE SA 5006