



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

