GRANT MONITORING FORM

Return your completed form within one month after the event
to info@stroudartsfestival.org
Final payment will then be released

Organisation **Name and address**	
Contact person	
Contact details	
Funded event	
Date(s)	
Number of performers/artists/contributors	
Total public attending	
Gross income	
Gross expenditure	

CHECK LIST (please tick)

- ☐ **Stroud Festival Logo on programme**
- ☐ **Two complimentary tickets/invitations and programme sent to Stroud Festival**
- ☐ **Stroud Festival funding acknowledged in press release**

SIGNED: ……

NAME: ……..