



APPLICATION FOR YWIH CLINICIAN COSTS

**FOR FUNDING CONSIDERATION, PLEASE COMPLETE THE FOLLOWING INFORMATION
AT LEAST 90 DAYS PRIOR TO THE EVENT AND SUBMIT TO:**

Education Department
Sweet Adelines International
9110 S. Toledo Ave.
Tulsa, Oklahoma U.S.A. 74137
E-mail: education@sweetadelines.com Fax: 918-388-8083

Name & location of festival: _____

Location of nearest airport: _____

Beginning date and time of festival: _____

Ending date and time of festival: _____

Clinician costs (transportation, housing, meals only; fees not covered by SA); \$ _____

Estimated attendance: teachers _____ female students _____

Age level of attendees: (Check all that apply) college ___ high school ___ middle school ___

Is this proposal for a mixed festival or all female? ___ Female ___ Mixed

Sponsored by: (Chorus, Region, etc.) _____

Contact name: _____ Telephone: _____

Check payable to: _____ Amount requested: \$ _____

Mailing Address: _____

E-mail address: _____

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Approved by: _____, Education Department Date: _____

Clinician: _____ Telephone: _____

E-mail address: _____

If not approved, explain: _____