

# *Delaware State Music Teachers Association, Inc.*

## Activities Report

Name and Date of Event \_\_\_\_\_

Location \_\_\_\_\_

Chairperson's Name/Address/Phone \_\_\_\_\_

Number of Volunteers Assisting \_\_\_\_\_ Total Volunteer Hours \_\_\_\_\_

Number and Type of Paid Personnel \_\_\_\_\_

Total Wages \_\_\_\_\_

Rental and Other Expenses (Custodians, etc.) \_\_\_\_\_

### Cost of Supplies:

Publicity _____	Postage _____
Programs _____	Forms _____
Certificates _____	Other _____
Refreshments _____	Other _____

Number and Type of Participants \_\_\_\_\_

Total Audience Members (if applicable) \_\_\_\_\_

### Income:

Entrance or Registration Fees _____	Ticket Sales _____
Donations _____	Other (explain) _____

Comments and Suggestions:

\_\_\_\_\_  
Signature and Date