



***Drum Circle Facilitators Guild
Percussion Marketing Council***

**HAND DRUMMING FOR LIFE
FACILITATOR EVENT REPORT/REQUEST FOR
PAYMENT**

Facilitator name _____ Event Date _____

Venue name _____ City & State _____

Total number of audience in attendance and/or participating: _____

Audience profile, approximately: _____ adults, _____ children _____ teachers
_____ seniors _____ people with disabilities _____ parents

Event Host: Contact name: _____ Phone: _____

E-Mail address _____ Host/organization website _____

Event photography attached (email): _____ Attached Video? Yes No

_____ copy of Event Promotion _____ copy of Convention Program

Facilitator Payment, payable to _____ Amount Due \$ _____

Mail PMC/DCFG Payment to/address _____

Date Event Report/Request for Payment received at PMC _____

Approval date _____ PMC Check Paid: No. _____, Date _____ \$ _____

Date Notification to Facilitator & John Fitzgerald _____

DCFG Internal

Date Event Report/Request for Payment received at DCFG _____

Approval date _____ DCFG Check Paid: No. _____, Date _____ \$ _____

Date Notification to Facilitator : _____