Suzuki Music Association of California (SMAC) Event Application

Complete and submit this form 60 days prior to a multi-day event or 30 days prior to a single day event

Branch or Chapter: Select One	Venue Name:
Event Name: Select One	Contact w/Title if any:
Event Date(s):	Telephone:
Coordinator/Director:	Email:
Telephone:	Street Address:
Email:	City & Zip Code:
Est. Number of Participants (children/adults):	Your State Rep: Select One

Teachers/Faculty/Staff: List every person who will volunteer or be paid for working at the event

			SMAC use only M	B	Q	W
Last Name:	First Name:	Gross Pay:				
Last Name:	First Name:	Gross Pay:				
Last Name:	First Name:	Gross Pay:				
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Last Name:	First Name:	Gross Pay:				

If you need more rows, use a second form, complete the above section and check this box: ☐

Estimated Event Expenses with Descriptions (other than compensation reported above) **TOTAL Estimates**

Rent:	Meals:	Total Expenses:
Advertising:	Lodging:	+ 20% of Expenses for Admin:
Equipment:	Travel:	+ Desired Event "Profit":
Printing:	Clerical/Graphics:	
Postage:	Other Outside services:	= TOTAL Income Required
Supplies:		
Other (describe):	Other (describe):	Min participation Fee:

Based on the number of participants, ensure participation fees will meet or exceed your expenses and desired profit.

Provide the following documentation with this application:

1. Venue insurance requirement statement from venue. Include venue published liability wavier, if any.
2. Declaration page of auto insurance policy showing minimum of 100,000/300,000 bodily injury coverage for each person using an auto during the event or in preparation for it.

Send this completed form and documents to your State Rep for approval. If approved, Rep will forward to SMAC at least 60/30 days prior to an event. Failure to do so will result in the event cancellation and, should the event still take place, the venue will be informed SMAC sponsorship and insurance has been withdrawn, and the coordinators/directors will assume full personal liability should an incident occur.

State Rep _____ ☐ Approved ☐ Disapproved

Date received by SMAC _____ ☐ Approved ☐ Disapproved

rev 8/20/17