



SUZUKI MUSIC ASSOCIATION OF CALIFORNIA

Event Application (2 pages)

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

Check one: Initial Submission Amended Submission (use when adding additional personnel at later date)

| | | | |
|---|--|-----------------------|--|
| Branch or Chapter | | Venue Name | |
| Exact Event Name | | Venue Contact | |
| Event Date(s) | | Venue Telephone | |
| Coordinator/Director | | Venue Email | |
| Telephone | | Venue Street Address | |
| Email | | Venue City and Zip | |
| Est. # of Participants (children/adults) | | Your Branch State Rep | |

Teachers/Faculty/Staff:

SMAC USE ONLY

List every person who will volunteer or be paid for working at the event in ALPHA ORDER

M A Q B W

| Last Name, First | Duties | Pay | | | | | | | |
|------------------|--------|-----|--|--|--|--|--|--|--|
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |
| Last Name, First | Duties | Pay | | | | | | | |

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

Provide the following documentation with this application:

1. Venue insurance requirement statement from venue. If none, then provide a document from the venue stating as such.
2. Declaration page of auto insurance policy showing minimum of 100,000/300,000 bodily injury coverage and effective date, for each event coordinator/director. Also, the declaration page is required from each event helper using an auto during the event or in preparation for it (running errands, etc.).

NOTE: By submitting this form, event coordinators/directors agree to assume full personal liability for all injuries or property damage resulting from an auto accident involving their event personnel for which they did not provide the required auto policy declarations and furthermore agree to hold SMAC Board, its members and employees, blameless and harmless for said accident.

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Budget Evaluation

Ensure your event charges an event participation fee that will at least cover all expenses, including branch/chapter overhead (website, accounting, background checks, etc.) estimated at 10% of total expenses. Use the following table to determine the minimum participation fees based on your estimated number of participants:

Estimated Event Expenses (other than compensation reported above)

| | |
|--|--|
| Venue Rent | |
| Advertising | |
| Equipment | |
| Equipment Rental | |
| Printing/Copies | |
| Postage | |
| Supplies | |
| Other (describe) | |
| | |
| Meals | |
| Lodging | |
| Travel | |
| Clerical/Graphics | |
| Other Outside Services: | |
| * | |
| * | |
| * | |
| SUBTOTAL | |
| | |
| + 10% of ST for Overhead | |
| + Desired Event Profit | |
| | |
| TOTAL Income Required | |
| | |
| Divide Total by Est # of participants for minimum participation fee | |

Note that it is a branch and chapter obligation to ensure their events are profitable taking into consideration direct expenses and branch overhead that is shared among all branch events.

It is acknowledged, however, that a branch or chapter may want to host specific events where they choose to subsidize the participation fee in partial or total. Complete the Budget Evaluation form to the left in all cases to aid in determining the viability of discounting or eliminating participation fees for specific events.

If you want to apply for an exemption for your event to not be profitable, write your justification in the box to the right.

State Rep _____

Approved

Disapproved

Date received by SMAC _____

Approved

Disapproved