



MARKET DEVELOPMENT

Acquittal - Go See Fund for Presenters

DEADLINE: Within 1 month of fund-supported travel

1.1 NAME

Name of your organisation/group (if applicable): _____	
Your name or name of contact person: _____	
Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (please specify) _____
Given names:	_____
Family name:	_____
<input type="checkbox"/> Go to 1.2	

1.2 CONTACT DETAILS

Street address:	_____		
Suburb/Town:	_____	State: _____	Postcode: _____
Postal address:	_____		
	(if the same as your street address, write 'as above')		
Suburb/Town:	_____	State: _____	Postcode: _____
Telephone: Work	() _____	Home	() _____
Mobile:	_____	Email	_____
Fax:	() _____		
Website address:	_____		
<input type="checkbox"/> Go to 1.3			

1.3 SUMMARY INFORMATION

What was the name of the show/s you attended?	_____
What was the name/s of the company/performer you went to see?	_____
What was the name of the venue in which the show was performed?	_____
What was your opinion of the show? (Your opinion is confidential)	_____

<input type="checkbox"/> Go to 1.4	

1.4 OUTCOMES

Would the show suit your venue/audience?

Why/Why not?

Do you intend to program the show at your venue?

When?

Are there touring opportunities for the show in your region?

Other potential venues/organisations who may participate in touring the work?

Other Comments?



Go to 1.5

1.5 CERTIFICATION

I certify that the grant was used for the approved purpose(s).

Signature: ✕ _____ **Date:** / /

Name in full: _____

Position in organisation: _____