



Children, Young People and Families

A specialist section of College of Occupational Therapy



Request for Finances to run a Regional Event (Form C)

Please post a copy to
SS-CYPF Treasurer, Fran Rae, 12, Church Rd, Wembury, Plymouth, PL9 0JE

SS-CYPF Region:			
Date of Request:		Date of Event:	
Name of Organiser:			
Topic/ Title of Event:			
Proposed Venue:			
Proposed Speaker (s):			

Type of Event:

Evening presentation

2-day study day

1-day study day

Other (please specify) _____

Budget / Predicted Expenditure:		
		Comments
Cost of Venue	£	
Cost of Catering	£	
Speaker(s) Fee(s) Inc. travel expenses & speakers fees (if applicable)	£	
Other	£	
TOTAL	£	

Predicted Income:		
		Comments
Expected No. of delegates		
Course Fees (pp)	£	
Stands	£	
Sponsorship	£	
Other	£	
TOTAL	£	

Money requested from SS-CYPF NEC: £

Agreed by NEC: Yes/ No

Date Agreed:

Treasurer signature: