



1823 Terry Ave #1709 Seattle, WA 98101 | info@byrdensemble.com | 206-919-2471

PROFESSIONAL CHORAL AFFILIATE PROGRAM APPLICATION

Please email application to info@byrdensemble.com

A. CONTACT DETAILS

Name of Arts Group/Project: _____

Primary Mailing Address: _____

Primary Contact: _____

Email: _____ Phone: _____

Secondary Contact: _____

Email: _____ Phone: _____

B. GROUP/PROJECT DETAILS

How many artists are in the group? _____ When was the group formed? _____

What is the mission?

When do you expect to obtain 501c3 nonprofit status? _____

What kind of music will you be performing? _____

How do you plan on becoming a self-sustaining organization that can eventually employ the artists involved?

Are there plans to perform in areas outside the Seattle area? If so, can you explain?

Byrd Ensemble's Professional Choral Affiliates Program desired Start Date: _____ End Date: _____

This can be approximate.

C. FINANCIAL & FUNDRAISING OVERVIEW

Estimated Annual Income: _____

Estimated Annual Expenses: _____

D: OPTIONAL - REFERENCES

You may also attach letters of support or references.

FOR OFFICE USE:

Board Approval (Yes or No): _____

Approval Date: _____

Notes: