



Harmony, Inc.

Association Of Harmony Queens
Travel Fund Application

Chapter Name / Event Description _____

Event Location _____

Contact Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ E-mail Address: _____ Tel. # (____) _____

Queens Quartet Requested _____

Quartet Location _____

Approx. distance 1-way from Quartet Location to Event Location _____

Proposed method of travel (air, rail, auto, etc.) _____

Estimated TRAVEL (only) Cost _____ U.S. Funds _____ Cdn. Funds _____

Did your Chapter/Area use the Travel Fund last year? Yes [] No [] Year before? Yes [] No []

Date of Event _____

Please send to current Association of Harmony Queens Travel Fund Chairman:

Judi Johnston
Association of Harmony Queens Travel Fund Chairman
4475 Line 9 N.
R.R. #4
Coldwater, ON L0K 1E0
E-mail: qtf@harmonyinc.org

FOR ASSOCIATION OF HARMONY QUEENS USE ONLY

Eligibility Requirements Met Yes [] No []

Maximum Grant Allowed \$ _____ U.S. Proposed Grant \$ _____ U.S.

Confirmed Actual TRAVEL Cost \$ _____ U.S. Date Rec'd _____

Date Payment Requested from Executive Treasurer _____

Amount of Payment \$ _____ U.S.