



Harmony, Inc.

**Association of Harmony Queens Travel Fund
Application**

Chapter Name / Area & Event Name _____

Event Type (Show, Youth Event, Educational Event) _____

If a Youth Event: # of anticipated participants _____

Names of participating Harmony Chapters/Areas _____

Event Location _____

Contact Name: _____

Address: _____ USA ☐ Canada ☐

City _____

ST/PR: _____ Zip/Postal Code: _____

E-mail: _____ phone (w/Area Code): _____

Queens Quartet Booked _____ Quartet Contact Location _____

Approx Distance 1-way from Quartet Location to Event _____

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

Estimated **TRAVEL** Cost (Economy airfare, mileage, tolls, airport parking, shuttle, baggage etc.) _____

Estimated **ACCOMMODATION** Cost (no meals) _____

Anticipated Total Cost _____ US Dollars or Canadian Dollars _____

Date of Event _____

Has your Chapter/Area used the Travel Fund during the current calendar year? Yes ☐ No ☐

If this is an Area Educational or Area Youth Event, has this application been approved by your Area
Director? Yes ☐ No ☐

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

Association of Harmony Queens Travel Fund Chair
Harmony, Inc.
4475 Line 9N
Coldwater, ON L0K 1E0 CANADA
Email: gtf@harmonyinc.org

Association of Harmony Queens Travel Fund Application (continued)

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FOR ASSOCIATION OF HARMONY QUEENS USE ONLY

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Maximum Grant Allowed \$ _____ U.S. Proposed Grant \$ _____ U.S.
Confirmed Actual **TRAVEL** Cost \$ _____ U.S. Date Rec'd _____
Date Payment Requested from Finance Assistant _____
Amount of Payment \$ _____ U.S.