



Drum Circle Facilitators Guild
Percussion Marketing Council
HAND DRUMMING FOR LIFE
EVENT PLANNING OVERVIEW

EVENT NAME OR PARTNER ORGANIZATION _____

Date of event _____ City & State _____

Type of event: (conference, school, arts-center etc.) _____

Audience Profile: (who will be attending/participating in event?) _____

Program Facilitator name _____

Facilitator contact info: Tele: _____ E-Mail _____

Anticipated attendance at this PMC/ DCFG co-sponsored event _____

Briefly comment on how this event will be promoted in local market _____

Will PMC and NAMM educational materials be permitted for distribution? _____

Will Facilitator be able to arrange photos taken during the event for exclusive PMC/ DCFG use? _____

Will PMC/ DCFG pop-up banner be permitted to be displayed in event location? _

Will A Percussion Retailer be involved in this event? If so, name & contact info _____

PMC INTERNAL

Date Event Planning Overview received at PMC _____

Approval date _____ Funding allocation reserved, Date_\$ _____

Date Notification to Facilitator & John Fitzgerald _____

DCFG Internal

Date Event Planning Overview received at DCFG _____

Approval date _____ Funding allocation reserved, Date_\$ _____

Date Notification to Facilitator and DCFG:
