

Welsh Amateur Music Federation Ffederasiwn Cerddoriaeth Amatur Cymru



Tŷ Cerdd, Wales Millennium Centre, Bute Place, Cardiff CF10 5AL
Tel: 029 2063 5640 Fax: 029 2063 5641 Email: enquiries@tycerdd.org

Form R1: Performance Return (Musical Theatre Societies)

Society: _____
Day/Date/Time of Performance(s): _____
Venue: _____
Capacity: _____ No. in audience: _____ No. on stage: _____
Show performed _____
Composer/edition: _____
Musical Director _____

Professional Musicians engaged for the performance(s)	Fees (£)
M.D.* _____	_____
Soloist(s)* _____	_____
_____	_____
_____	_____
_____	_____
Orchestra* _____	_____

** Enclose copy of musical director's contract, give agent or address of Each soloist, and complete the details of individual orchestral players and fees paid on the accompanying Form R1(AM).*

Total: _____

Income	Expenditure
<i>Tickets (nos. sold and prices)</i>	<i>Total professional</i>
at £ each = £ _____	<i>musicians' fees:</i> £ _____
at £ each = £ _____	<i>Music hire:</i> £ _____
at £ each = £ _____	<i>Royalties/PRS: **</i> £ _____
<i>Programmes</i>	<i>Instrument hire:</i> £ _____
at £ each = £ _____	<i>Tickets cost:</i> £ _____
<i>Advertising income:</i> £ _____	<i>Programmes cost:</i> £ _____
<i>Donations specifically toward</i>	<i>Posters, etc. cost:</i> £ _____
<i>the performance costs:</i> £ _____	<i>Press advertising:</i> £ _____
<i>Other income, grants etc.</i>	<i>Staging costs:</i> £ _____
<i>specifically toward the per-</i>	<i>Transport costs:</i> £ _____
<i>formance costs (do not</i>	<i>Other costs</i>
<i>include the WAMF g.a.l.):</i> £ _____	<i>(give details if over £100):</i> £ _____
Total Income: £ _____	Total Expenditure: £ _____
Loss (if any): (+) £ _____	Profit (if any): (+) £ _____
Totals: £ _____	£ _____

****Enclose copy of Royalty calculation (GAL will not be paid if this is not enclosed)**

Certified that the receipts and payments are correct according to information supplied to us:

Treasurer: _____ Chairman: _____

Secretary: _____ Date: _____

Contact Address: _____

EMC	EL	GAL	Basis	ExCom.ref:
AMC	AL	Pay	Basis	Date:
				Authorised: