

Polish National Alliance

Performing Arts Subsidy 2025/2026 REGISTRATION FORM

Name of the Group					
Mailing AddressStreet add	dress	City	State	Zip	
Telephone #: Email:					
Artistic Director/Instructor	/Manager:				
Mailing Address					
Street add Telephone #:	tress Email:	City	State	Zip	
Make check payable to:					
PNA Lodge:	PNA Council:	PNA Distri	ict :	(if aplicat	ole
Day and time rehearsals ar	e held:				
Total Group Members:		city	State	Σίμ	
Number of appearances pe To receive a subsidy, one appearance	e r year: e per quarter is required.				
List all appearances, places (Last 6+ months. Please attach pr	s and dates. oof of activity (photos, website or soo	cial-media links, reviews, etc.)			