

MUSIC OUTREACH
Club Report Form

AR 10-1
Available Online

(This form is to be received by the State Chairman by March 1.)

Name, Address and Telephone number of State Chairman

E-mail: _____ Telephone: _____

Name of Club:

President: _____

Club Chairman of Music Outreach: _____

Please complete all blanks applicable to your situation.

_____ Volunteers have given _____ hours of service in the following:
(Number) (Number)

_____ hours
(Hospitals)

_____ hours
(Prisons)

_____ hours
(Disabled Children)

_____ hours
(Day Care Centers for Disabled Children)

_____ hours
(Nursing Homes)

_____ hours
(Homebound)

_____ hours
(Retirement Homes)

_____ hours
(Schools for Disabled Adults)

_____ hours
(Day Care Centers for Seniors)

_____ hours
(Other. Name places and give hours served at other places of confinement.)

Rehearsal and travel time can be counted.

The following volunteers have given 100 hours or more of musical and music-related services per year in the name of the Federation, and are eligible to receive a National Award. Only hours devoted to reaching the confined are counted.

\$225.00 will be awarded to the individual who has the most hours, and \$225.00 to the club that has the most hours.

Table with 2 columns: Name/Address, Hours. Includes blank lines for data entry.

(Use back of the page for additional information.)

Signed: _____
(Club President) (Address)

or

Signed: _____
(Club Chairman) (Address)