

MUSIC OUTREACH
State Report Form

AR 10-2

ANNUAL REPORT: _____
(Year)

Send one copy to be received by April 1 to:
Judy Sorrell, NFMC Chairman
2300 N. Taylor Rd, Apt 302
Wichita, KS 67205

Federation members from _____
(State)

Name of State President _____

Address: _____

_____ 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.

Table with 2 columns: Name/Address/Club, Hours. Multiple rows for listing volunteers.

(Use back of the page for additional information, names and information about an outstanding club or clubs who have reached out with musical activity to the confined.)

Signed: _____
(State Chairman)

(Address)