

**MUSIC OUTREACH
State Club Reporting Form**

AR 10-2

ANNUAL REPORT: _____ Send one copy *to be received by May 1* to:

Dr. Cheryl Davis

PO Box 627, Burgess VA 22432

804.580.2245

cheryl_davis@woodberry.org

Federation members from _____
(State)

State President: Email:

Address: Telephone:

The following clubs have given music service hours:

Name of Club: Total Club Hours:

Email: Telephone:

Address:

Name of Club: Total Club Hours:

Email: Telephone:

Address:

Name of Club: Total Club Hours:

Email: Telephone:

Address:

Please use an additional form for more clubs

State Music Outreach Chair (print name)

Address:

Email: Telephone:

Signed: