

State Individual Reporting Form

ANNUAL REPORT: _____

One copy must be sent to the National Chair and

(Year) received by May 1:

Dr. Cheryl Davis, Chair

PO Box 627, Burgess VA

22432 804.580.2245

cheryl_davis@woodberry.org

State _____

State President: Email:

Address: Telephone:

All individuals contributing 100 or more hours of service must be listed separately on the Individual Reporting AR 10-3 (local) and AR 10-4 (state) in order to be acknowledged on the honor roll in *Music Clubs Magazine*.

The following individuals have given music service hours as listed:

Name of Individual Total Hours:

Email:

Name of Individual Total Hours:

Email:

Name of Individual Total Hours:

Email:

(Please use additional forms for more individuals)

State Music Outreach Chair (print name)

Address:

Email: Telephone:

Signed: