

MUSIC OUTREACH
State Individual Reporting Form

AR 10-4

ANNUAL REPORT: _____
(Year)

One copy must be sent to the National Chair and received by May 1:
Lisa Skaggs Thomas, Chair
6300 Walkers Croft Way
Alexandria VA 22315
Email:lmstthomas89@gmail.com

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: _____