

MUSIC OUTREACH
State Club Reporting Form

AR 10-2

ANNUAL REPORT: _____
(Year)

Send one copy *to be received by May 1* to:
Lisa Skaggs Thomas, Chair
6300 Walkers Croft Way
Alexandria VA 22315
Email: lmsthomas89@gmail.com

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: _____