



REGION: Aquatic Program Record Form

As a grant-funded agency, the Arthritis Foundation - Michigan Chapter must submit regular reports of program participation to its sponsors. To meet this mandate, we require the timely cooperation of our Aquatic Program site hosts and leaders.

INSTRUCTIONS: We require that you provide Program Record Forms for each and every class you offer, submitting the forms to us within two weeks after each class series ends. Please complete a separate program record form for each class series. If classes are held continuously, forms should be submitted each quarter (at the end of March, June, September, and December) and should indicate start and end dates that coincide with the beginning and end dates of each quarter (**Jan 1-March 31; April-June 30; July 1-Sept 30; October 1-Dec 31**) Forms should also list upcoming classes for marketing and record-keeping purposes. Please use the form on the reverse side of this page to list program attendees, or attach a class roster. At a minimum, we ask that a name and zip code be provided for each class participant. For continuous classes, you may copy your first class list and simply add names of new participants and cross out names of those who no longer attend.

Date: _____

Aquatic Facility: _____

Address: _____

County _____

City
State
Zipcode

Aquatic Site Contact: _____ **Telephone:** [_____] _____

PROGRAM RECORD:

Start date: _____ **End date:** _____ **Times met per week:** _____

Class Leader(s) for this course: _____

Volunteers assisting with the course: _____

Total enrolled in class _____ **# enrolled for first time** _____ **# repeats enrolled** _____ **#completers** _____

Next class will meet: Start Date _____ **End Date** _____

Days: _____

Times: _____

FOR OFFICE USE ONLY: STATS	TEAM APPROACH INFO
EVENT CODE <u>MI08</u>	SOURCE _____
Date entered STATS _____	Date Entered TA _____

