



**REGION:**  
**Arthritis Foundation Exercise**  
**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 AFEP Instructors.

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 in 2003 (**January 1,-March 31; April 1-June 30; July 1-September 30; October 1-December 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:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **County** \_\_\_\_\_  
                   **City**                                    **State**                                    **Zipcode**

**Contact Person** \_\_\_\_\_ **Telephone:** [ \_\_\_\_\_ ] \_\_\_\_\_

<b>PROGRAM RECORD:</b>				
<b>Start date:</b> _____	<b>End date:</b> _____	<b>Times met per week:</b> _____		
<b>Class Leader(s) for this course:</b> _____				
_____				
<b>Volunteers assisting with the course:</b> _____				
<b>Total enrolled in class</b> _____	<b># enrolled for first time</b> _____	<b># repeats enrolled</b> _____	<b>#completers</b> _____	
<b>Next class will meet: Start Date</b> _____		<b>End Date</b> _____		
<b>Days:</b> _____	_____	_____	_____	_____
<b>Times:</b> _____	_____	_____	_____	_____

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

