REGION:
TAI CHI 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 Tai Chi 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 **(January 1,-March 31; April 1-June 30; July 1-September 30; October 1-December 31).** Completed Participant Release Forms should be attached to the Program Record Form for each class participant. 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. 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. Please also submit completed Participant Release Forms for new participants.

Date: _____

Facility: _____

Address: _____

_____County_____
City State Zip code

Contact Person _____ 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		SOURCE	
Date entered STATS		Date Entered TA	

-over please-

Attendance Record

Name	Address	City	Zip Code	First Time

Within two weeks of completion of the course (or, if class is ongoing, once per quarter) please return to:

Jackie Appleton – Email: jappleton@arthritis.org
Coordinator, Community Programs & Education
Arthritis Foundation
1050 Wilshire Dr., #302
Troy, MI 48084-1564
Phone: 248-649-2891 Ext. 228 FAX: 248-649-2895

THANK YOU!

Updated 2/15/08