



Event Code   
For Office Use Only

Program Information Form

Date Completed (MM DD YYYY)  
 -  -

Instructor/Trainer or Site Coordinator to Complete. Please print one letter per box.

Check which type of class:  Program  Training Workshop

Check which type of program:

- Arthritis Foundation Aquatic Program
- Arthritis Foundation Exercise Program
- Arthritis Foundation Tai Chi Program
- Arthritis Foundation Self-Help
- Arthritis Foundation Aquatic Program Juvenile Arthritis
- Other \_\_\_\_\_

Is this an ongoing class?  Yes  No          
If No, Series/Workshop Start Date:  -  -  End Date:  -  -

How many times per week does your facility offer this program?

On what days and times is the program offered?  
 M  Tu  W  Th  Fr  Sa  Su

Facility Name   
Street Number  Street Name  County   
City  State  Zip Code

Primary Instructor/Trainer First Name  Last Name

Instructor Phone Number  -  -  Email Address

Other Instructor/Trainer First Name  Last Name

Other Instructor/Trainer First Name  Last Name

Site Coordinator First Name  Last Name

Site Coordinator Phone Number  -  -  Email

Quarter	New Participants	Ongoing/Repeaters (Optional 2nd 3rd 4th Qtr)
1st (Jan 1 - Mar 31)	<input type="text"/>	<input type="text"/>
2nd (Apr 1 - Jun 30)	<input type="text"/>	<input type="text"/>
3rd (Jul 1 - Sep 30)	<input type="text"/>	<input type="text"/>
4th (Oct 1 - Dec 31)	<input type="text"/>	<input type="text"/>