



Tacoma Chapter

PROGRAM: FACET ACTIVITY REPORTING FORM -2016-2017

ACTIVITY/ EVENT:	
LOCATION	DATE:

Please indicate which facets were involved by placing an "X" in the square

- | | |
|---|---|
| <input type="checkbox"/> The Arts
<input type="checkbox"/> Health & Human Services
<input type="checkbox"/> International Trends & Services | <input type="checkbox"/> National Trends & Services
<input type="checkbox"/> Services to Youth
<input type="checkbox"/> Collaboration |
|---|---|

A. Sub-Objective(s)

- 1.
- 2.

B. Description of activity. If this was a combined effort between facets, please state how each participating facet was involved:

C. Methods/ Reasons used to determining or selecting the target group(s):

D. Targeted group(s) (Please check all that apply)

WOMEN SENIOR CITIZENS STUDENTS: GRADE LEVEL(S) _____ FAMILY OTHER
 AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN WHITE
 HISPANIC OR LATINO OTHER (PLEASE SPECIFY) _____

Number of attendees _____
Number of targeted group participating _____
Number of Chapter members participating _____
Other _____

L. DOCUMENTATION : ACTIVITY PHOTOGRAPHS (SUBMIT WITH FACET ACTIVITY REPORT FORM)

1. CAMERA_____
2. CELL PHONE_____
3. FILM PROJECTOR_____
4. OTHER_____

***SEND COPIES OF PHOTOS TO PROGRAM CHAIRMAN AND TECHNOLOGY CHAIRMAN**

**Event Service Hour Credits
2016-17**

Members Present	Activity Participation	Prep. (Time)	Hrs./Min (Participation)	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Date of Next Meeting _____

Reporting form submitted by _____ Date _____

***SEND COPIES OF "REPORTING FORM" TO PROGRAM CHAIRMAN AND PRESIDENT**

THANKS!