



Youth Program Reporting Form

Name of Project (Use one form per project) _____

Chapter _____ Region _____

Number of Chapter Members Involved _____ Number of Youth _____ Female _____ Male _____

Number of Sessions _____ Length _____ Dates _____

Location of Teaching Site _____

Techniques Taught _____

Materials Used _____

Brief Description of the Project _____

Total cost of program to chapter _____

Use the back if necessary

Chapter Contact Person _____

Address _____

Phone _____ Email _____

Are you willing to share lesson plans / charts/ experience: (check all that apply)

_____ Article in Needle Arts/Inside EGA _____ EGA Youth Web Page _____ EGA Study Box

Please note: Pictures of children must have parental approval for EGA use. Only first names will be published.

Mail or E-mail to:

Pat Reynolds
P.O. Box 456
Boiling Springs, PA 17007
717-258-9318
patreynolds@embarqmail.com

Thank you for taking the time to complete this form. Your information assists in making the Youth Program successful.