

**MUSIC OUTREACH
Club Report Form**

AR 10-1

(This form is to be received by the State Chairman by April 1.)

Name, Address and Telephone number of State Chairman:

Name: **Santa Peters**, PFMC Music Outreach Chairman
 Address: 1455 Grace St
 Allentown PA 18103-6316
 Phone: 610-797-2582

Name of Club: _____

President: _____

Club Chairman of Music Outreach: _____

Please complete all blanks applicable to your situation.

_____ Volunteers have given _____ hours of service in the following:
 (Number) (Number)

_____ hours (Hospitals)	_____ hours (Prisons)
_____ hours (Disabled Children)	_____ hours (Day Care Centers for Disabled Children)
_____ hours (Nursing Homes)	_____ hours (Homebound)
_____ hours (Retirement Homes)	_____ hours (Schools for Disabled Adults)
_____ hours (Day Care Centers for Seniors)	_____ hours (Other. Name places and give hours served at other places of confinement.)

Rehearsal and travel time may be counted.

The following volunteers have given 100 hours or more of musical and music-related services per year in the name of the Federation, and are eligible to receive a National Award. Only hours devoted to reaching the confined are counted.

\$150.00* will be awarded to the individual who has the most hours, and \$150.00* to the club or club sponsored musical group (membership composed of NFMC members) that has the most hours.

Name / Address	Hours

(Use back of the page for additional information.)

Signed: _____
 (Club President) (Address)

Or Signed: _____
 (Club Chairman) (Address)

*In the event of financial shortfalls, advertised award amounts may be adjusted. Applicants would be notified of the award change.