

EDUCATIONAL (Continued)

KANSAS STATE COUNCIL  
COMMUNITY OUTREACH EDUCATIONAL REPORT FORM

(Must be accompanied by an Educational Report Form)

Chapter Name: \_\_\_\_\_ District: \_\_\_\_\_  
City: \_\_\_\_\_ Date of Program: \_\_\_\_\_  
Day of Week: \_\_\_\_\_ Time of Day: \_\_\_\_\_  
Meeting Place: \_\_\_\_\_ Target Group: \_\_\_\_\_  
Topic of This Program: \_\_\_\_\_  
Title of This Program (If different from topic): \_\_\_\_\_  
Speaker's Name: \_\_\_\_\_ Organization (If Applicable) \_\_\_\_\_

Attendance: ESA Members: \_\_\_\_\_ Non-ESA Members: \_\_\_\_\_

Co-Sponsors/Outside Help (Use back of page for additional sponsors):

Name: \_\_\_\_\_

Helped With: \_\_\_\_\_

Name: \_\_\_\_\_

Helped With: \_\_\_\_\_

Publicity (Record total amount of Each):

TV Spots: \_\_\_\_\_ Posters: \_\_\_\_\_ Radio Spots: \_\_\_\_\_

Flyers: \_\_\_\_\_ Others: \_\_\_\_\_

Printed Materials Used/Distributed: \_\_\_\_\_

Interests In ESA During Actual Educational (State Briefly): \_\_\_\_\_

COMMUNITY OUTREACH EDUCATIONAL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

There must be 6 NON ESA MEMBERS in attendance to qualify as a Community Outreach Educational. This form must be mailed by the 10th of the month following program date and must be accompanied by an Educational Report form. It will count as one of the six reports needed to qualify for the Gold Link Award if it is reported ON TIME!!!