

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: \_\_\_\_\_