

CHATTOOGA COUNTY EXTENSION /Project Activity Report

Name of program/activity: _____

Agent/person in charge: _____

Program Area: 4-H ANR MG OTHER

Date and Time: _____

Location: _____

Registration Fee: _____

Covers: _____

Target audience: _____

Number attended: _____

Marketing Plan: (How the program was marketed and target audience reached):

Outcome Remarks: _____

Follow Up: _____

Attach the Following Information (* required)

Agenda *

Handouts *

Sign In Sheets *

Registration Sheet(s) *

News Releases and P.S.A (include where sent)

Budget

Description of Support

Special Needs Requests

Evaluation and Summary

GA Counts Completed by: _____ Date Completed: _____