

**NJSFWC PROGRAM INFORMATION SHEET (January 1, 2018-December 31, 2018)**

Club Name \_\_\_\_\_ District \_\_\_\_\_ Number of members \_\_\_\_\_  
(per May 1, 2018 Blue Sheet)

Your Name \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

*Please include all details for each program:  
 This information is used to develop the Classified Program Pamphlet, which all clubs receive.*

Please mail this form to the State Chairman listed on the back of this form, no later than February 1, 2019. If attending January Council, please come prepared to report on 3 programs of your choice. All of the information listed below should appear on the appropriate Department Report Worksheet which is submitted by February 1, 2019. For example, if you have a program on Literacy, this program should be listed on the Education Report Worksheet.

MONTH	FEE	PROGRAM TITLE	AUDIENCE REACTION (check one)	PERFORMERS NAME, <u>COMPLETE</u> ADDRESS & TELEPHONE #	LENGTH OF PROGRAM	WHERE WAS PROGRAM OBTAINED
Jan '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
Feb '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
Mar '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
Apr '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
May '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
June '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			

MONTH	FEE	PROGRAM TITLE	AUDIENCE REACTION (check one)	PERFORMERS NAME, <u>COMPLETE ADDRESS</u> & TELEPHONE #	LENGTH OF PROGRAM	WHERE WAS PROGRAM OBTAINED
Jul '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
Aug '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
Sep '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
Oct '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
Nov '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			
Dec '18			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor			

Annual Club Program Budget: \$\_\_\_\_\_

**Send to the Program Assistance Chairman no later than February 1, 2019**

**Susan Fosdick**

**549 Teaneck Road, Ridgefield Park, NJ 07660**

**Questions? Call or email:**

**201-440-1667 Fosdick@njsfwc.org**