

**NJSFWC PROGRAM INFORMATION SHEET (January 1, 2020-December 31, 2020)**

Club Name \_\_\_\_\_ District \_\_\_\_\_ Number of members \_\_\_\_\_  
(per May 1, 2020 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, 2021. 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, 2021. 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<br>(check one)   | PERFORMERS<br>NAME, COMPLETE ADDRESS & TELEPHONE # | LENGTH OF PROGRAM | WHERE WAS PROGRAM OBTAINED |
|----------|-----|---------------|--|--|-------------------|----------------------------|
| Jan '20  |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| Feb '20  |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| Mar '20  |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| Apr '20  |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| May '20  |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| June '20 |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |

| MONTH   | FEE | PROGRAM TITLE | AUDIENCE REACTION<br>(check one)   | PERFORMERS<br>NAME, COMPLETE ADDRESS & TELEPHONE # | LENGTH OF PROGRAM | WHERE WAS PROGRAM OBTAINED |
|---------|-----|---------------|--|--|-------------------|----------------------------|
| Jul '20 |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| Aug '20 |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| Sep '20 |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| Oct '20 |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| Nov '20 |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |
| Dec '20 |     |               | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Poor |  |                   |                            |

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

Report Worksheet and project descriptions must be mailed to be judged to the Program Assistance Chairman.

Reports may be emailed, but the information will be for statistical information only.

**Postmarked no later than February 1, 2021.**

Judy Filippini

349 E. Lakeshore Drive, Highland Lakes, NJ 07433

Questions? Call or Email:

973-764-1670    filippini@njsfwc.org