

OUTREACH: PROJECT SHARING FORM
(Or go to EGA website and download)

Chapter _____ Date _____

Number of Chapter Members _____

Chapter Outreach Chairman's Name _____

Address _____

Phone (____) _____ Cell (____) _____

E-mail Address _____

Name of Project _____

Name of Benefactor/Recipient of Project: _____

If a fundraiser, what was net amount raised? _____

1. How was project financed: Chapter budget _____ Funding _____?

Stitchers _____ Donations from Outside Sources _____ Other _____

No Funding Necessary _____

2. Final Cost: _____ Gross _____ Net _____

3. Objectives: Benefit the Chapter _____ Involve more Members _____

4. Number Of Members Who Participated: _____

5. Special Skills or Techniques Required: _____

6. Supplies Required: _____

7. Patterns and/or Instructions Available For Sharing: _____

Mailing Cost: _____ Material _____ Postage _____

8. Do you recommend this project? _____

9. Additional Information that might help a chapter decide whether they could successfully complete this project:
(Make any additional comments on back. Thank you.)

*This form should be reproduced for each chapter outreach project

*** Please complete this form and send it to the current region outreach chairman.**