

TIME TO TEACH – YOUTH PROGRAM REPORT

Name(s) of Project Teachers / Grant _____

Chapter _____ Region _____

Number of Chapter Members Involved _____

Number of Youth _____ Female _____ Male _____

Number of Sessions _____ Length _____ Dates _____

Location of Teaching Site _____

Techniques Taught _____

Materials Used _____

Brief Description of the Project _____

Use a second page, if necessary

Method of Financing _____ Other Amount _____

Chapter Contact Person _____

Address _____

Phone _____ E-mail _____

Are you willing to share lesson plans / charts/ experience: (check all that apply)

_____ Article in *Needle Arts* _____ EGA Youth Web Page _____ EGA Study Box.

Please note: Pictures of children must have parental approval for EGA use. Only first names will be published.

Mail or E-mail to:

- 1) EGA Headquarters – 426 W. Jefferson St., Louisville, KY 40202-3202
Email: Go to website: www.egausa.org, click on Contact Us, click on Executive Director
- 2) Current region outreach chairman

Thank you for taking the time to complete this form. Your information assists in making the Youth Program successful.