

Class Participation Reporting Form

TYPE OF CLASS (CHECK):	
<input type="checkbox"/> Arthritis Foundation Aquatic Program <input type="checkbox"/> Arthritis Foundation Self-Help Program <input type="checkbox"/> Chronic Disease Self Management Program	<input type="checkbox"/> Arthritis Foundation Exercise Program <input type="checkbox"/> Arthritis Foundation Tai Chi Program <input type="checkbox"/> Other:
Start & End Date of Class:	
Days of Week Class Met:	
Name and Address of Sponsoring Organization:	
Name and Address of Class location if different than above:	
Instructors (First and Last Name):	
NUMBER OF PARTICIPANTS	
New participants (Self Report)	
Ongoing or repeat participants	
Total participants	

Return this form with your participant release forms and rosters to: