Instructions: Extension report within five working					orkshop or activit	ty should complete this
Name of meeting, activ	vity or event:					
Location of meeting, ad	ctivity or event:					
Date of meeting, activit	y or event:					
Target Audience:	Adult	Both	Youth			
Participation by Ethnic	Groups (numbers):					
Race, Ethnicit Male: White no Male: Black no Male: America Male: Hispanio Male: Asian or Male: Two or Male: Undeter Female: White Female: America Male: America Male: Two or Male: Undeter Female: Hispanio Female: America Male: America Male: Asian Female: Two or Male: Two or Male: Male: America Male: America Male: Asian Female: Two or Male: Tw	ot of Hispanic Origin In Indian or Alaskan Na Pacific Islander More Ethnicities Mined/No Response In not of Hispanic Origin In not of Hispanic Origin Ican Indian or Alaskan Inic	ntive Native		Ethnicity, Male: Wh Male: Bla Male: Am Male: His Male: Tw Male: Un Female: N Female: F	ticipants unable or Gender Infornite not of Hispanack not of Hispanack not of Hispanack nor Pacific Island or Pacific Island or more Ethnic determined/No Information Indian Hispanic Asian or Pacific Two or more Ethnical Indian Hispanic Asian or Pacific Two or more Ethnical Indian Hispanic Asian or Pacific Two or more Ethnical Indian Ind	nic Origin nic Origin Alaskan Native ander cities Response panic Origin or Alaskan Native  Islander nnicities
Were all eligible youth/	clients notified of activit	v or event?	Υ	'es	No	
How were eligible yout		Email		ouncement	Newsletter	Newspaper
3 ,		Phone	Text	TV/Radio	Web	Word-of-mouth
Is a list of participants a	available? Ye	s	No			
If yes, attach copy		ate how you	arrived at par	ticipation numl	bers:	
Number of Volunteers: Number of Volunteer Hours:						
CALS CE Program: _						
-				elated to this funding	g, if applicable.	
Youth Develop	& Natural Resources oment Production Systems	H	Healthy Living	ily Developme	ysical Activity & ent & Care Givine	
Town	(under 10,000) (10,000 - 50,000) to of Cities (less than 5 al Cities (greater than 5		Grade	_ 1 _ 2 _ 3 _ 4 _ 5 _ 6	No	

Name of submitting Extension employee: