2024 POMONA CREATIVE CONNECTIONS REPORT FORM

PROGRAM DIRECTOR NAME
POMONA GRANGE NAME and NO
Finding ways to share your Grange's story with the community should be one of the highlights of the year in your Grange activities. It is an opportunity for a special program or event that utilizes education, fun, and fellowship. Involve your members and especially invite non-members in your community to attend the festivities. Some Granges hold Community Night or Open House Programs, but the department realizes that many Granges continue to find new ways to reach out to their communities to share their Grange story. We wish to provide all Granges an opportunity to share how they are doing this – regardless of what format it takes.
DIVISION (CHECK ONE):
☐ A. We had an Open House/Community Night – either in-person or virtually:
□ B. We told our Grange Story in a different way (not a Community Night/Open House):
1. PLEASE COMPLETE ONE:
DIVISION A: DATE OF COMMUNITY NIGHT/DAY (OPEN HOUSE) PROGRAM
TOTAL ATTENDANCE
DIVISION B: DATE OF OTHER EVENT/ACTIVITY
2. DID YOU GAIN ANY NEW MEMBERS AS A RESULT OF THIS PROGRAM/OUTREACH? YES NO
3. NUMBER OF NON-MEMBERS REACHED
4. PLEASE COMPLETE ONE
DIVISION A. THEME OF PROGRAM (IF ANY)
DIVISION B. TYPE OF OUTREACH
5. OUTLINE OF HIGHLIGHTS OF PROGRAM OR OUTREACH

6. MOST SIGNIFICANT ACCOM	PLISHMENT OF PR	OGRAM/OUT	REACH	
Recognition will be given to th Awards will be made at the St		•	omitted on the Po	mona level.
Supporting narrative and othe simple, flat notebook binder n Include pictures, news clipping the complete story. Make sure book .	naking this form p gs, programs, invi	age #1 of you tations, printe	ur Creative Conne d electronic medi	ections Report. ia, etc. to tell
Reports will be judged on:	Completion of entire form Report content Neat and orderly arrangement Participation of membership Photographs/Printed electronic media Grange information to inform non-members			
This form must be received by	September 15 th	Mec	Jenn Nauss /est Schoolside Dri :hanicsburg, PA 17 auss89@gmail.cor	7055
NAME				
ADDRESS	CITY		STATE	ZIP