2024 SUBORDINATE CREATIVE CONNECTIONS REPORT FORM

PROGRAM DIRECTOR NAME	MEMBERS
GRANGE NAME and NO.	COUNTY
Finding ways to share your Grange's story with the community highlights of the year in your Grange activities. It is an opportune event that utilizes education, fun, and fellowship. Involve your non-members in your community to attend the festivities. Some Night or Open House Programs, but the department realizes the find new ways to reach out to their communities to share their provide all Granges an opportunity to share how they are doing format it takes.	nity for a special program or members and especially invite e Granges hold Community at many Granges continue to Grange story. We wish to
DIVISION (CHECK ONE):	
□ A. We had an Open House/Community Night – either in-	person or virtually:
$\ \square$ B. We told our Grange Story in a different way (not a Co	mmunity Night/Open House):
1. PLEASE COMPLETE ONE:	
DIVISION A: DATE OF COMMUNITY NIGHT/DAY (OPEN HO	ouse) program
TOTAL ATTENDANCE	
DIVISION B: DATE OF OTHER EVENT/ACTIVITY	
2. DID YOU GAIN ANY NEW MEMBERS AS A RESULT OF THIS PROC	Gram/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/ol	ITREACH	
Recognition will be given to the level. Awards will be made at		-		
	Granges with up			
	Granges with 51 Granges with 10			
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 yotations, print	our Creative Con ed electronic me	nections Report. edia, etc. to tell
Reports will be judged on:	Completion of e Report content Neat and orderl Participation of Photographs/Pri Grange informa	y arrangem membership nted electro	o onic media	
This form must be received by	September 15 th	Me	Jenn Nauss West Schoolside I chanicsburg, PA nauss89@gmail.c	17055
NAME				
ADDRESS	CITY		STATE	ZIP