**SUBORDINATE 2017 COMMUNITY NIGHT/DAY REPORT FORM**

GRANGE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO.\_\_\_\_\_\_\_\_\_ REGION\_\_\_\_\_\_

PROGRAM DIRECTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF COMMUNITY NIGHT/DAY PROGRAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP AS OF THIS DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL ATTENDANCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID YOU GAIN ANY NEW MEMBERS AS A RESULT OF PROGRAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF NON-MEMBERS PRESENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THEME OF PROGRAM (IF ANY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OUTLINE OF HIGHLIGHTS OF MEETING AND PROGRAM

MOST SIGNIFICANT ACCOMPLISHMENT OF PROGRAM

Every Grange is encouraged to hold at least one **COMMUNITY NIGHT/DAY** (or Open House) program each year to help tell the Grange story to the public. Recognition will be given to the most outstanding reports submitted on the Subordinate level. Awards will be made at the State Grange session in the following categories:

Granges with up to 75 members

Granges with 76-149 members

Granges with 150 or more members

Supporting narrative and other significant information may be included in the report. Use a simple, flat notebook binder **making this form page #1** of your Community Night/Day Report. Include pictures, news clippings, programs, invitations, etc. to tell the complete story. Make sure your **Grange name, number & county appear on front of book.**

Reports will be judged on: Completion of entire form

Report content

Neat and orderly arrangement

Participation of membership

Photographs

Grange information to inform non-members**.**

This form **must** be received by **September 15th** Send to: **Denise Clare**

**132 North 3rd Street**

**Hamburg, PA 19526 NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_**