

2020 POMONA LECTURER'S REPORT FORM

LECTURER NAME _____

GRANGE NAME & NO. _____

Number of meetings held _____ Average Attendance _____

Number of meetings you attended _____

1. Did you have a Lecturer's Committee to assist you with programming? YES NO
2. List the Standing Committees (e.g., Community Service, Legislative, Youth, Junior) which assisted you with programs this year and how they assisted. _____

3. Did your Grange present a Public Service Award? YES NO

4. Did your Grange have a display or special program to promote Grange Month? YES NO

If YES, please explain: _____

5. Did your Grange have a Community Night/Day (Open House) Program? YES NO

If YES, please explain: _____

6. In what ways did your Grange promote Grange to the community other than the Community Night/Day (Open House) program? _____

7. Did you attend the Talent Contest in 2020? YES NO

8. How many entries did your Pomona have in the 2020 Talent Contest? _____

9. Did you promote the State Contests to the Subordinate Granges in your Pomona? YES NO

If YES, please explain: _____

10. What changes or ideas would you like to see in the contests? _____

11. Did your Pomona coordinate the Subordinate Visitation programs? YES NO

12. Did you participate in a Grange visitation? YES NO

13. What visitation theme was used? _____

14. Does your Grange have a Newsletter to inform members of activities, programs, etc.? YES NO

If not, how do you communicate program/activity information to your members? _____

15. Give a brief explanation of the programs or events you held throughout the year. _____

16. Do you have any ideas, comments or suggestions for next year? _____

17. Did you submit an end of the year scrapbook? YES NO

If yes how many members assisted you? _____

PLEASE NOTE: **Make sure that this form is completed in its entirety and legible!**

Make sure if you are submitting a book to have your Grange's name & Number on the front.

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

**Jenn Nauss
10 West Schoolside Drive
Mechanicsburg, PA 17055**

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____