

“CLUB POWER” PROJECT FORM

CLUB NAME: _____ APPROXIMATE NUMBER OF CLUBS: _____

PROJECT DATE: _____ NUMBER OF PEOPLE REQUIRED: _____

COMMITTEE CHAIRPERSON(S) NAME: _____ PHONE: _____

PROJECT NAME: _____

AGENCY WORKED WITH: _____

ADDRESS OF AGENCY _____
CITY STATE ZIP

REPORT OF WORK TO BE DONE: _____

DATE PRESENTED TO REGIONAL DIRECTOR: _____

PLEASE CHECK ONE: ACCEPTED DENIED DATE: _____

REGIONAL DIRECTOR SIGNATURE: _____ DATE: _____

PROJECT STATISTICS

TRAIL MAINTENANCE: TRAIL LENGTH _____ NUMBER OF BRIDGES BUILT _____ LENGTHS _____
NUMBER OF BRIDGES REPAIRED _____ LENGTHS _____
NUMBER OF CULVERTS _____ NUMBER OF WATER BARS _____
MILES OF BARRIER BUILT _____ DIRT MOVED _____ YARDS
GRAVEL HAULED _____ YARDS
EQUIPMENT USED (EXE: CHAINSAWS, FRONT LOADERS, ETC.) _____
MATERIAL USED (LUMBER, PIPE, CABLE ETC) _____
OTHER _____

CAMP RESTORATION NUMBER OF FIREPLACES BUILT _____ CAMPSITES _____ PICNIC TABLES _____
CORDS OF WOOD CUT _____ OUTHOUSES BUILT/RESTORED _____
OTHER _____

LITTER SIZE OF AREA _____ CUBIC YARDS OF LITTER COLLECTED _____
OTHER _____

OTHER PROJECTS (EX. BUILDING FENCES, BUILDING REPAIRS, TREE PLANTING, WALK-A-THONS,
PARADES) _____ MILEAGE _____
NUMBER OF RADION COMMUNICATIONS _____

***** IMPORTANT *****

PLEASE MAKE EVERY EFFORT TO GET PUBLICITY FOR THE PNW4WDA AND YOUR CLUBS.

1. ATTACH COPIES OF ALL PUBLICITY.
2. ATTACH COPIES OF ALL CORRESPONDENCE WITH AGENCIES INVOLVED WITH PROJECT.

“CLUB POWER” PROJECT FORM

CLUB POWER SIGN IN SHEET

CLUB NAME _____ REGION _____ DATE _____

PROJECT NAME _____

MEMBERS AND/OR CANDIDATES NAME	“C” “M” “T”	NO AWARD	PATCH	NAIL HEAD	MILES ONE WAY
<ul style="list-style-type: none"> • “C” = CANDIDATE • “M” = MEMBER • “T” = INDIVIDUAL MEMBER 					

*** SEND TO ANGIE HOLM AHOLM02@HOTMAIL.COM