



## Program Summary

Date \_\_\_\_\_ Person completing summary \_\_\_\_\_

### Program Type

\_\_\_ Monday support meeting    \_\_\_ Saturday Vero meeting    \_\_\_ Saturday Sebastian meeting

\_\_\_ Pilates for Pink    \_\_\_ Movin' and Groovin'    \_\_\_ Ride Beyond Diagnosis

\_\_\_ Row Beyond Diagnosis    \_\_\_ Other (title) \_\_\_\_\_

Guest speaker and topic (if applicable)

\_\_\_\_\_

### Participant Information

Number of survivors attending \_\_\_\_\_

Number of loved ones/caregivers attending \_\_\_\_\_

Number of new attendees \_\_\_\_\_

How did they hear about the program? \_\_\_\_\_

\_\_\_\_\_

### Volunteer Information

Number of volunteers involved \_\_\_\_\_

Estimated total volunteer hours \_\_\_\_\_

### Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_