ARTHRITIS FOUNDATION®
Take Control. We Can Help.™

Event Code
For Office Use Only

# Program Information Form

Date Completed (MM DD YYYY)
__ __ - __ __ - __ __ __ __

Instructor/Trainer or Site Coordinator to Complete. Please print one letter per box.

Check which type of class: ◯ Program ◯ Training Workshop

Check which type of program:

◯ Arthritis Foundation Aquatic Program
◯ Arthritis Foundation Exercise Program
◯ Arthritis Foundation Tai Chi Program
◯ Arthritis Foundation Self-Help
◯ Arthritis Foundation Walk with Ease
◯ Other_____

Is this an ongoing class? ◯ Yes ◯ No

If No, Series/Workshop Start Date: M M - D D - Y Y Y Y End Date: M M - D D - Y Y Y Y

How many times per week does your facility offer this program? __ __

On what days and times is the program offered?

◯ M _____ ◯ Tu _____ ◯ W _____ ◯ Th _____ ◯ Fr _____ ◯ Sa _____ ◯ Su _____

Facility Name

Street Number | Street Name | County

City | State | Zip Code

Primary Instructor/Trainer First Name | Last Name

Instructor Phone Number | Email Address

Other Instructor/Trainer First Name | Last Name

Other Instructor/Trainer First Name | Last Name

Site Coordinator First Name | Last Name

Site Coordinator Phone Number | Email

| Quarter | New Participants | Ongoing/Repeaters (Optional 2nd 3rd 4th Qtr) |
|---|---|---|
| 1st (Jan 1 - Mar 31) | | |
| 2nd (Apr 1 - Jun 30) | | |
| 3rd (Jul 1 - Sep 30) | | |
| 4th (Oct 1 - Dec 31) | | |