

The Village Gallery of Arts

Activity Report: _____

Report prepared by: _____ **Date:** _____

	Activity:
Date(s) of activity	
Chairperson(s), phone	
Other contact persons, phone	
Purpose of activity	
Membership levels allowed to participate	
Location of activity	
Tasks needed	
Equipment, tools, special items needed	

	Activity:
Amount of time needed (approximately)	
Number of volunteers who helped; who they were	
If fund-raising activity, profit made by the Gallery	
Publicity (what, where)	
Comments	