



Music in Our Schools Month Activity Report

Person Reporting: _____ Date: _____

School: _____

Address _____

City _____ Zip _____

County: _____

Contact Person (if different from above): _____

Telephone: (____) _____ NCMEA District #: _____

MIOSM Event Description:

Date: _____

Participating Group/Individual: _____

Location of performance: _____

Attendees: _____

Number of student participants: _____

Number of adult participants: _____

Number in audience: _____

Special Acknowledgments and/or Awards given? _____ Yes _____ No

If yes, please describe: _____

Comments: _____

Request for information (check info needed):

Sample news release _____

Sample letter to media/sponsors _____

Sample letter to Editors _____

Sample Public Service Announcement _____

National Coalition for Music Education Information Sheet (facts/surveys) _____

Other (please specify) _____

Please send above information to: _____ address given above _____ new address below

Name: _____ Address: _____

Send completed form to:

Lisa Qualls, MIOSM Chair

933 Tamworth Rd., Asheboro, NC 27203