

4-H Smoothie Bike Report

Name & Contact Information of Person Completing Report:

Name: _____ County: _____

Email: _____ Phone: _____

Name & Contact Information of Adult On-Site During Event (If Requested by Healthy Living Advocate or Teen Leader)

Name: _____

Email: _____ Phone: _____

Name of Event: _____

Date/Time/Location of Event:

Date:	Time: from _____ to _____
Location:	

Brief Description of Event: (For example, how was the smoothie bike used? Was the bike part of a larger event, such as a health fair?)

Participation

Participants:		# New to 4-H	Volunteers:		# New to 4-H
Number of Youth			Number of Youth		
Ages Range of Youth					
Number of Adults			Number of Adults		
			Estimated Number of Hours Contributed by Volunteers		

Educational Materials Distributed:



4-H Smoothie Bike Report

Community Partner Involvement (List community partners who were involved and their role.)

Name of Partner	Role/Contribution

Donations to Support Event: (Include the amount and type of donations received.)

Type of Donation	Amount
Name of Individual/Organization Providing Cash Donations (Include gift cards)	Amount of Donation (\$)
Name of Individual/Organization Providing In-Kind Donations (<i>In-kind</i> - instead of giving money to buy needed goods and services, the goods and services themselves are given.)	Description & Estimated Value of In-Kind Donation

Comments Made by Participants at Event:

Event Feedback from Contact Person:

Please submit photos of the event to Theresa Ferrari ferrari.8@osu.edu