



Stitch in Public Day – Chapter Activity Report

Chapter Name: _____ Region: _____

Chapter City / State: _____ Date of Event: _____

Venue Type (ex.: museum, shop, mall, library, fair, church): _____

Venue Name: _____

Location: _____

(City / State)

Total number of EGA members participating: _____

Total number of volunteer hours: _____

Did you provide a flyer / brochure about EGA / your chapter? Yes ___ No ___

Did you use giveaways: Yes ___ No ___

Please list the giveaways: _____

Did you have merchandise for sale? Yes ___ No ___

What did you offer for sale? _____

Do you feel that your participation in Stitch in Public day was worthwhile for your chapter? If yes, how? If no, please explain.

What can EGA do to help your chapter participate in the future:

Chapter Contact Name: _____

Address: _____

Email: _____

Please send your completed form to your Region Outreach Chair.