

**PROGRAM**    AQUATICS (POOL)    EXERCISE (LAND)

Facility Name \_\_\_\_\_ Instructor Name \_\_\_\_\_  
 Address \_\_\_\_\_ Instructor Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Class Days/Time \_\_\_\_\_  
 Facility Phone \_\_\_\_\_ Class Frequency    Once per week    2 or more times per week  
 Facility Contact \_\_\_\_\_ Class Type    Ongoing    Series with fixed dates

PARTICIPANT NAME PLEASE PRINT OR TYPE	NEW	ARTHRITIS PROGRAM REPORTING MONTH:																														TOTAL		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31	
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Number of TOTAL participants \_\_\_\_\_  
 Number of NEW participants \_\_\_\_\_  
 Number of ONGOING (TOTAL minus NEW) \_\_\_\_\_