CONTINENTAL SOCIETIES, INC.®

Black History Month Programs Report - Form 2027

Forward your Report Card, Book List, Photo Request Form and Black History Month Programs Form no later than MARCH 12, 2027 to your First Vice Regional Director and cc: national.fvp@continentalsocietiesinc.org.

Chapter Name:			
Person Reporting/Position:			
Email:		**Best Phone #:**	

PROGRAM INFORMATION

PROGRAM TYPE (check one): ☐ Black History Month Program ☐ Other

PROGRAM TITLE:	
DATE(S) HELD:	

LOCATION(S):

PARTICIPATION

TOTAL NUMBER OF CHILDREN SERVED:	

GROUP TYPE AND NUMBER OF PARTICIPANTS BY LEVEL:

Pre-School:		**Elementary Schoo**		**Middle School:**	
High School:		**College/University**		**Adults:**	

TOTAL Number of Participants (all ages):	

RACE/ETHNICITY OF CHILDREN SERVED (check all that are applicable)

☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Pacific Islander

☐ Black/African American ☐ Hispanic/Latino ☐ White

Other: **TOTAL:**

PROGRAM DESCRIPTION (Brief overview of activities, speakers, themes)

TOTAL DOLLARS SPENT: $		**TOTAL IN-KIND: $**	

COMMUNITY PARTNERSHIPS (if applicable):

List Zip Codes (in your service area only):

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Black History Month Programs Report - Additional Content

Chapter Name:	
PROGRAM TITLE:	

CONTINUATION OF PROGRAM DESCRIPTION / ADDITIONAL CONTENT

ADDITIONAL COMMUNITY PARTNERSHIPS

ADDITIONAL ZIP CODES

OUTCOMES, IMPACT, QUOTES OR OTHER SUPPORTING INFORMATION

ADDITIONAL NOTES

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Black History Month Programs Report - PHOTO DOCUMENTATION SHEET

Chapter Name:	
Program Title:	

Place or insert photographs in the spaces below. Provide a brief caption, date and location for each photograph.

PLACE PHOTO 1 HERE

Caption / activity shown:

PLACE PHOTO 2 HERE

Caption / activity shown:

PLACE PHOTO 3 HERE

Caption / activity shown:

PLACE PHOTO 4 HERE

Caption / activity shown:

PHOTO PERMISSIONS / RELEASES:

- ☐ Required photo permissions/releases have been confirmed.
- ☐ No children are identifiable in the submitted photographs.

Additional photo notes: