MEDFORD RECREATION COMMISSION ANNUAL REPORT

Date:			
(1)	Name of Organization/Activity:		
(2)	Contact Person:	Telephone: ()	
	Address:Email Address:		
(4)	Number of Participants for the year: _		
(5)	Total Registration Fees for the year: _		
(6)	Were all the grant funds used for Med	ford area recreation? Yes	No
(7)	How were the City of Medford Recrea	tion grant funds used in the organization?	
(8)			
	Signature	 Date	
	Signature	Date	
Date I	Received:		