

**PROGRAM ACTIVITY REPORT (PAR)**

**Date 4-1-19 End Date 3-31-20**

**Due 10th of Each Month to: Department Chair Sheila Shutts shutts@citlink.net**

**3396 Sunriver Rd. Apt 103, Bullhead City, AZ 86429 (Home) 928.404.2444**

**DISTRICT #**

**AUXILIARY #**

**REPORT MONTH**

**COORDINATOR NAME:**

**COORDINATOR'S EMAIL:**

**COORDINATOR'S TEL#**

**PROGRAM**

**BRIEF DESCRIPTION**

**\$/Value**

**#Hours**

**TOTAL**

**\$/Value**

**#Hours**

