

## February Heart Month Event Reporting Form

*Please complete this form to document your chapter events and/or activities that were held during National Heart Health Month (February). Email this form to your Area HeartLinks Chair, with a copy to Mary Clark, Chair, HeartLinksTo Heart Health, at [mary.e.clark@verizon.net](mailto:mary.e.clark@verizon.net). Please include 1 photo of your chapter's activity. Please e-mail information by February 29.*

**Date of Program:** \_\_\_\_\_

**Chapter:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_

**Brief Description of Event (75 words or less):**

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