

The Holiday Project of the National Capital Area

Team Leader Completion Report

After your visit, please complete this form. Place your Visitor Sign-In Sheets on top, fold and staple or tape so that the return address printed on the back is in the proper place for mailing.

Your Name: \_\_\_\_\_

Visit Date: \_\_\_\_\_ Facility: \_\_\_\_\_

\* Number of Visitors: \_\_\_\_\_ Number of People Visited: \_\_\_\_\_

How did visitors hear about The Holiday Project?

Number of Visitors in each Category

Repeat Visitors \_\_\_\_\_

Friends, Relative Co-Workers or Classmates \_\_\_\_\_

The Holiday Project Web Site \_\_\_\_\_

AARP \_\_\_\_\_

VolunteerMatch \_\_\_\_\_

A Volunteer Bureau \_\_\_\_\_

Radio, TV, Newspaper or Magazine \_\_\_\_\_

Other \_\_\_\_\_

\* Total \_\_\_\_\_

\* These should be the same number.

Comments/Suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for the gift you gave this holiday season.

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Mail To:

ROBIN WILEY

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