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**Year End Project Renewal Form
Due by November 10th**

Date: _____ Project Type: (Check One) ___ Short Term ___ Long Term ___ Docent

Project Name: _____

Project Address: _____

Project Chairman: _____

Project Co-Chairman: _____

Primary Sponsor: _____

Activities/events completed this period: _____

Educational objective accomplished: _____

Funding Source and amount: _____

Adequate Volunteer: _____

How is this project achieving the mission of the TCMGA: _____

Plans/Expansion for next year: _____

Ongoing activities and plans: _____
