**ACTIVITY OF THE YEAR**

**ENTRY FORM**

THE PURPOSE OF THIS CONTEST IS TO ENCOURAGE ACTIVITY PERSONNEL TO STRIVE TO CONSTANTLY IMPROVE ACTIVITY PROGRAMS AND TO AID IN THE CHALLENGE OF FINDING NEW, EXCITING AND MEANINGFUL ACTIVITIES. **FACILITY FUNDRAISERS WILL NOT BE CONSIDERED FOR THIS AWARD.** THIS AWARD SHOULD PROMOTE RESIDENT INVOLVMENT AND PARTICIPATION.

**SEND TO:**

McKenzie County Healthcare

Attn: Kristin Rhone

709 4th Ave NE

Watford City, ND 58854

[krhone@mchsnd.org](mailto:krhone@mchsnd.org)

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| **NAME** |  |
| **APND AREA** |  |
| **FACILITY** |  |
| **ADDRESS** |  |
| **PHONE #** |  |

1. INCLUDE A BASIC TYPEWRITTEN PROCEDURE OF THE ACTIVITY TO INCLUDE: EQUIPMENT NEEDED, COST, PERSONNEL AND HOW TO.
2. STATEMENTS OF THE ACTIVITY FROM RESIDENTS, STAFF AND/ OR FAMILY MEMBERS.
3. COPIES OF THE NEWSPAPER OR NEWLETTER ARTICLES ABOUT THE ACTIVITY.
4. WRITTEN STATEMENT WHY YOU FEEL IT IS WORTHY OF BEING SELECTED AS “ACTIVITY OF THE YEAR”.
5. A CONSENT FORM MUST BE SIGNED BY THE RESIDENTS IN THE PHOTO FOR PRESS RELEASE AND SUBMITTED WITH THE ENTRY.

ENTRIES MUST BE MADE ON THIS FORM WITH ATTACHED INDIVIDUAL SHEETS FOR COMPLETING CRITERIA GUIDLEINES.

ALL ENTRIES MUST BE RECEIVED BY **February 28, 2024**

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**DIRECTOR OF ACTIVITIES SIGNATURE DATE**

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**ADMINISTRATOR OR DIRECTOR OF NURSING SIGNATURE DATE**

**APND IS NOT RESPONSIBLE FOR ANY MISINFORMATION. IF NOT ALL ITEMS ARE FULLY COMPLETED, THIS WILL BE CONSIDERED AN INVALID ENTRY.**