

**OPERATION:
MILITARY KIDS**

**OMK Mobile Technology Lab
Reporting Form**

Location of Activity		Date(s) of Activity	
Facilitator			
Address	City	State	Zip
Phone	E-Mail		
Number of Participants	Number of Participants Affiliated with: ____ Military Active Duty ____ Military Reserve ____ Non-Military		
Type and Purpose of Activity:			
Race/Ethnic Code <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other (Please identify) _____		Age of Participants	Number Participating
		<input type="checkbox"/> Under 5 years	_____
		<input type="checkbox"/> 8-12 years	_____
		<input type="checkbox"/> 12-18 years	_____
		<input type="checkbox"/> Adult	_____
Activity Results: (please list comments, quotes, evaluation results)			

Return to Claire Nakatsuka at nakatsuk@hawaii.edu no later than two weeks after activity