

MONTHLY ACTIVITIES REPORT

CLUB NAME: _____ MONTH: _____ YEAR: _____

Please give below details of your club's activities in the following categories:

Sight Services	Youth Services	International Relations
Hearing Services	Community Services	Health Services
Environmental Services	Diabetes Awareness	Other Services

Please also provide information on fund-raising, charitable donations, and volunteer service hours, and other information on your club's activities.

CLUB SECRETARY: _____ Date: _____

Attach additional sheets as needed.

Copy to: District Governor, Zone Chair, District Contest Chair, Club Records