

CLUB MONTHLY ACTIVITIES REPORT

CLUB NAME _____ MONTH _____ YEAR _____

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

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

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

CLUB SECRETARY _____ DATE _____

Attach additional sheets as needed.

Send copies to District Governor, Zone Chairperson, Vice District Governors, and Contests Chairperson (if your club is participating in the DG Contest)