

WOMEN OF THE MOOSE  
155 SOUTH INTERNATIONAL DR  
MOOSEHEART, ILLINOIS 60539-1100

CHAPTER NUMBER: \_\_\_\_\_  
CHAPTER NAME: \_\_\_\_\_  
STATE/PROVINCE: \_\_\_\_\_

**FORM 114  
2011 - 2012**

Report of Star Recorder Activity Night prepared by Chairman.

Read at Second meeting of the month. Give to Senior Regent after the meeting.

Project assigned to Committee: Katherine Smith Center

**After the Chapter Meeting in September, 2011 - Send form and checks to:  
Women of the Moose Headquarters. DO NOT SEND IN BEFORE THIS DATE.**

Committee Name \_\_\_\_\_ Star Recorder  
Chairman's Name \_\_\_\_\_  
Date of Chapter Activity Night \_\_\_\_\_  
Number of New members present  
at Chapter Activity Night \_\_\_\_\_  
Number of Candidates balloted upon/enrolled  
during the month \_\_\_\_\_  
Number of committee members present  
at Chapter Activity Night \_\_\_\_\_  
Chapter check(s) for :  
Women of the Moose  
Scholarship and Maintenance Fund Check No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_  
Project assigned to Committee Check No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_  
Endowment Fund Check No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_  
(collected and deposited since last report)

On the back of this form, please explain, in detail, program held (guest speaker, game or skit and refreshments).  
Attach a copy of skit and/or detailed description of game.  
Attach photos (will not be returned) of activity, meeting, guest speaker and co-workers at meeting/function. Photos may be posted on WOTM webpage and/or shown at International/Annual/Midyear Conferences.

**Community Service for the month (or since your last report) – Enter the total amount**

Cash Donations to non-Moose organizations \$ \_\_\_\_\_

Hours Volunteered \_\_\_\_\_

Miles driven \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Committee Chairman)

\_\_\_\_\_  
(Recorder)

\_\_\_\_\_  
(Senior Regent)

\_\_\_\_\_  
(PRINTED Name) (Phone #)

**Chapter Seal**