

WOMEN OF THE MOOSE CHAPTER NUMBER:

155 SOUTH INTERNATIONAL DR  
MOOSEHEART, ILLINOIS 60539-1100

CHAPTER NAME: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

**MSC FORM 114**

**2011 - 2012**

Report of **Activities & Sports, January 2012** Activity Night prepared by Chairman.

Read at Second meeting of the month. Give to President after the meeting.

Project assigned to Committee: **Physical and Occupational Therapy**

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

Committee Name Activities & Sports

Chairman's Name \_\_\_\_\_

Date of Service Chapter Activity Night \_\_\_\_\_

Number of New members present  
at Service Chapter Activity Night \_\_\_\_\_

Number of Candidates balloted upon/enrolled  
during the month \_\_\_\_\_

Number of committee members present  
at Service 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)

\_\_\_\_\_  
(Secretary/Treasurer)

\_\_\_\_\_  
(President)

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

**Chapter Seal**