

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

CHAPTER NUMBER: _____
CHAPTER NAME: _____
STATE/PROVINCE: _____

**MSC FORM 114
2011 - 2012**

Report of _____ Activity Night prepared by Chairman.
Read at Second meeting of the month. Give to President after the meeting.
Project assigned to Committee: _____

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

Committee Name _____
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