

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

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

**MSC FORM 114
2011 - 2012**

Report of **Mooseheart/Moosehaven, February 2012** Activity Night prepared by Chairman.

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

Project assigned to Committee: **Special Activities**

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

| | |
|--|-------------------------------|
| Committee Name | <u>Mooseheart/Moosehaven</u> |
| 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