

IMPORTANT! This information must be completed for credit!

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

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

**FORM 114
2019 - 2020**

Report of **Higher Degrees – Star Recorder - Committee Activity Night** prepared by Chairman.

(Meeting may be held anytime during the month of September)

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

Project assigned to Committee: **Moosehaven Vision, Hearing and Dental Needs**

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

Committee Name	<u>Higher Degrees – Star Recorder</u>
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.\$ _____
Vision, Hearing and Dental Needs	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’s Signature)

(Recorder’s Signature)

(Senior Regent’s Signature)

(PRINT Recorder’s Name) (Phone #)

(PRINT Senior Regent’s Name) (Phone #)

Chapter Seal