

**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  
2026-2027**

Report of **Higher Degrees - Star Committee Meeting** prepared by Chairman.

Read at next month's meeting. Give to Senior Regent after the meeting.

Project assigned to Committee: **Mooseheart Boys Athletic Program**

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

|  |                              |
|--|------------------------------|
| <b>Committee Name</b>  | <u>Higher Degrees - Star</u> |
| <b>Chairman's Name</b>   | _____                        |
| <b>Monthly Meeting Date</b>  | _____                        |
| <b>Number of New members present<br/>at Chapter Meeting</b>          | _____                        |
| <b>Number of Candidates voted upon/enrolled<br/>during the month</b> | _____                        |
| <b>Number of committee members present<br/>at Chapter Meeting</b>    | _____                        |
| <b>Chapter check(s) for:</b>   |                              |
| <b>Women of the Moose</b>  |                              |
| <b>Scholarship and Maintenance Fund</b>                              | Check No. _____ Amt.\$ _____ |
| <b>Boys Athletic Program</b>   | Check No. _____ Amt.\$ _____ |
| <b>Endowment Fund</b>  | 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 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)

\_\_\_\_\_  
(Treasurer's Signature)

\_\_\_\_\_  
(Senior Regent's Signature)

\_\_\_\_\_  
(PRINT Treasurer's Name) (Phone #)

\_\_\_\_\_  
(PRINT Senior Regent's Name) (Phone #)