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| NAME OF COMMITTEE |  |
| FOR THE MONTH OF |  |
| NUMBER OF KIWANIANS IN ATTENDANCE* **Members**:
* **Non Members**:
 |  |
| APPROX. NUMBER OF CHILDREN/YOUTH WHO BENEFITTED THIS MONTH |  |
| TOTAL VOLUNTEER HOURS FOR THE MONTH **AT MEETINGS** CALLED BY CHAIR* **Member** Hours:
* **Non Members** Hours:
 |  |
| TOTAL VOLUNTEER/SERVICE HOURS FOR THE MONTH * **Member** Hours:
* **Non Members** Hours:
 |  |
| SUBMITTED BY |  |

Committee Chairs are requested to complete this form regarding the activities of their Committee during the month covered by the report. Please e-mail the form to **kwkiwanisclub@gmail.com** by the ***last Saturday of the month***, so that it can be included with the agenda for the monthly Board Meeting on the first Tuesday of the following month (ex. September report submitted for October board meeting).

