



Ohio Lions District 13-_____

Monthly Club Activities Report

Press firmly with ball-point pen

Activity Report for _____ by: _____ Date: _____
[Month/Year] [Club Name]

Please give details below of your club's activities in the following categories:

- | | | | |
|--------------------|-------------------------|----------------|---------------------|
| Community Services | Health Services | Sight Services | Fundraiser |
| Diabetes Awareness | Hearing Services | Youth Services | Future Event |
| Environment | International Relations | Other Services | Visitation |

List all fundraising and service activities, dollar donations to charitable causes, estimated number of volunteer service hours, and club visitations (with place visited and number of members who went.)

Category: _____ Donations: \$ _____ Hours: _____ Explanation: _____ _____
Category: _____ Donations: \$ _____ Hours: _____ Explanation: _____ _____
Category: _____ Donations: \$ _____ Hours: _____ Explanation: _____ _____
Category: _____ Donations: \$ _____ Hours: _____ Explanation: _____ _____
Category: _____ Donations: \$ _____ Hours: _____ Explanation: _____ _____

Membership last month: _____ Membership at end of month: _____ Avg. meeting attendance: _____ %
(List names below) New members: _____ Dropped members: _____ Deceased members: _____

Comments, information, or requests: _____

Club Sec'y: _____ Club President: _____

*Copies to: District Governor (white); Region Chairman (yellow); Zone Chairman (pink); and club file (gold)
Attach extra pages if needed.*