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: _____

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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.

Form: A-Ohio, 3/01