

KEY SOLUTIONS

KEY CLUB MEMBERSHIP RESOURCES

Club committee chairman report

Committee: _____ Date: _____

Continuing activities

Name of activity: _____ Hours completed: _____

Activity evaluation/updates: _____

Name of activity: _____ Hours completed: _____

Activity evaluation/updates: _____

New activities

Name of activity: _____

Finances: _____ Projected work hours: _____

Description of activity: _____

Assistance needed from other committees/officers: _____

Name of activity: _____

Finances: _____ Projected work hours: _____

Description of activity: _____

Assistance needed from other committees/officers: _____

Additional notes: _____

Chairman signature: _____ Date submitted: _____

a Kiwanis-family member
www.keyclub.org

3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268 USA
317-875-8755 US AND CANADA: 800-KIWANIS e-mail: keyclub@kiwanis.org