

Conference Adventurer

Monthly Report



Month _____

Director _____

Club Name _____

Director Phone# _____

of Children _____

of Staff _____

Families Served _____

Meeting Days(Circle Days) Sunday Monday Tuesday Wednesday Thursday Sabbath

Number of Meetings this month: Parent/Child Activity Days 1 2

Club Meeting Days 1 2 3 4

Working on Class Work this month? Yes No

How Many in each class

Little Lamb Boys _____ Girls _____

Sunbeam Boys _____ Girls _____

Eager Beaver Boys _____ Girls _____

Builder Boys _____ Girls _____

Busy Bee Boys _____ Girls _____

Helping Hand Boys _____ Girls _____

Working on Awards Yes No If Yes, Please list

Crafts Completed Yes No If Yes, Please list

Field Trips

Held a Family Network Meeting This month? Yes No If Yes, Please list topics/presenter

Mail this report by the 5th of each month