

DCM OR AREA COMMITTEE CHAIR REPORT

DATE: _____

DCM or Committee Chair _____ District # _____
(Name & Position)

DISTRICT/COMITTEE
MEETING (Day/Time): _____

PLACE (Location): _____

NUMBER OF ACTIVE GROUPS IN DISTRICT: _____

CONTRIBUTIONS: _____

CHANGES IN TRUSTED SERVANT POSITIONS: _____

REPORT

UPCOMING EVENTS (FLYERS AVAILABLE)

