

SECRETARY'S MONTHLY REPORT FORM

ASSOCIATION: _____

SECRETARY'S NAME: _____ **SIGNATURE:** _____

DATE OF REPORT: _____ **MEETING DATE:** _____

Please indicate whether chairs personally attended meeting, and whether written reports were submitted.

CHAIR	PERSONALLY ATTENDED	REPORT SUBMITTED
President		
Vice-President		
Secretary		
Treasurer		
Tournament Director		
Membership		
Awards		
Fundraising		
Strike-It-Big Chair		
Booster		
Publicity		
Record Scores		
Lane Certification		
Coaching Coordinator		
Zone Historian		
Average Book		
OTHERS (PLEASE SPECIFY)		

This form should be completed monthly, or more frequently if meeting s are held more often. All Incentive Report Forms submitted by the various chairs should also accompany this form.