

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 meetings are held more often. All Incentive Report Forms submitted by the various chairs should also accompany this form.