

STATE COUNCIL CABRILLO CIVIC CLUBS OF CALIFORNIA, INC.

DISTRICT GOVERNOR REPORT (Please submit in triplicate)

District# _____ Clubs: _____

Report of Activities Covering the Months of:

Jan/Feb/March _____ Apr/May/Jun/Jul/Aug/Sept _____ Oct/Nov/Dec _____

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First Subordinate Club Name & Number: _____

Number of meetings held: _____ Number of meetings attended: _____

Functions Attended:

Events/Activities to promote membership and growth:

Club is in good standing: Yes ____ No ____ (check one)

Concerns of the club?

Second Subordinate Club Name & Number: _____

Number of meetings held: _____ Number of meetings attended: _____

Functions Attended:

Events/Activities to promote membership and growth:

Club is in good standing: Yes _____ No _____ (check one)

Concerns of the club?

Respectfully submitted,

District Governor

Number

Date