

DRUG AWARENESS PROGRAM LODGE QUARTERLY REPORT

Circle report period: 1st 2nd 3rd 4th

Fiscal Year 20____/20____

Lodge Name _____ # _____

Lodge Drug Awareness Program Chairperson _____ Phone No. _____

Hours Volunteered Elks _____ Non Elks _____ No. Children involved _____

Volunteer Miles Driven Elks _____ Non Elks _____

Lodge Funds Spent \$ _____ Is Lodge Planning on Participating in the Essay or Poster contests Yes - No

Report any significant events, or other activity conducted during this quarter in the block below. Use reverse side if additional space is needed. If no activity, state "No Activity" but make a report.

Signature: _____

Submit this report to your District Drug Awareness Chairman, District Vice President, Lodge Office