



Committee: _____

Date: _____

Chairperson: _____

To be completed by the Committee Chairperson and submitted to the District Secretary and supervising District Trustee no later than 21 days before each quarterly District Board Meeting.

1. COMMITTEE MEMBERSHIP

Committee fully staffed: Yes ___ No ___ [Note: Regions without representation below.]

2. KIWANIS YEAR GOALS (list all committee's annual goals)

GOAL	% Complete

3. CHALLENGES OR ASSISTANCE NEEDED (use continuation sheet if necessary):

4. COMMENTS (use continuation sheet if necessary):

SIGNED: _____

February 8, 2012