



Ocean County Chapter Monthly Council Report



Council Number: _____

Date of Report: _____

Members in attendance:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Degree Count:

<u>CUF</u>	<u>Total</u>
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_____	_____
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Upcoming Degrees: (Sponsored by your Council - List all Firm Dates.)

<u>Degree</u>	<u>Day / Date</u>	<u>Location</u>	<u>Time Candidates Should Arrive by:</u>
_____	_____	_____	_____
_____	_____	_____	_____

Best Recent Program: (List the past program you're proudest of, and results.)

Upcoming Programs: (List only those through the end of next month.)

Prayers are requested for:

Sick

Deceased

_____	_____
_____	_____
_____	_____

