

SECTION CLOSING REPORT

2005 CENTRAL REGION ONE DAY OF SERVICE

Section: _____

Section Coordinator: _____



THE ONE DAY OF SERVICE COMPILATION (ALL PROJECTS)

Lodge Name	Total Number of People Involved in all projects	Total Amount of Service Hours
<u>Section Total</u>		

WHAT TO DO NEXT WITH THIS FORM

If you have any comments or suggestions on the One Day of Service program, please write them on the back of this form. Your comments and suggestions will help improve the program in the coming years.

Please staple all of your lodge's project reports to this form and send it all to the Region One Day of Service Coordinator at the following address:

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 White Bear Lake, MN 55110
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