



MONTHLY CHAPTER REPORT

Blue Heron Lodge # 349, Order of the Arrow, Boy Scouts Of America
*(This report is turned in every Lodge Executive Committee meeting. The Chapter Chief and Adviser must sign each report. Chapters **MUST** complete one report each month.)*

Chapter Name:		Chapter Chief:	
Date of Report:		Chapter Adviser:	

Did your chapter have a chapter meeting this month?	How many attended?
Yes	Youth:
No	Adult:
What was the date of your meeting?	Total:

What topics did the meeting cover? What activities did your chapter do at the meeting?
(Please attach a copy of your meeting agenda and minutes if available.)

Activities and Events:

**What events did your chapter attend, representing the Order of the Arrow? How many attended?
 What did you do? Additional comments can be attached to this report.**
(If your chapter had more than five events this month, attach an additional copy to this report)

Event No.	Date of Event	Name of Event	Type of Event	Scouts Attended	Scouts Attended	Total Attendance
1						
Description and Comments:						
2						
Description and Comments:						

Ceremonial Events and Native American Affairs:

What ceremonial events or Native American Affairs performances did your chapter have this month?
(Please list all performances and practices in the last month. If your chapter did more than five performances this month, attach an additional copy to this report.)

Event No.	Date of Performance	Was the event a practice or performance? What ceremony or ceremonies did you perform?	Scouts Attended	Scouts Attended	Total Attendance
1					
Description and Comments:					
2					
Description and Comments:					

Service Projects:

What service projects did your chapter do this month? List all service projects in as much detail as possible. Service hours can only be claimed on approved projects only, and documentation may be needed for large projects. Additional comments can be attached to this report. (All projects must comply with Blue Heron Lodge's Service Hour policy.)

Event No.	Date of Project	Type of Project	Scouts Attended	Scouts Attended	Hours Per Person	Total Service Hours
1						
Description and Comments:						
Total Service Hours This Month		Annual Service Hours Before This Month			Service Hours So Far This Year	

Camping Promotion Visitations:

Name Of District	Number of Units (Troops/Teams)	Visitations Before This Month	Visitations This Month	Total Annual Visitations	Visitation Percentage (%)*

**(Total Annual Visitations Divided By Number Of Units)*

Units Your Chapter Visited This Month:

(If your chapter did more than ten unit visitations this month, attach an additional copy to this report)

Visitation No.	Unit Type	Unit Number	Date of Visitation	What comments did the unit have?
1				Comments:
2				Comments:
3				Comments:
4				Comments:
5				Comments:
6				Comments:
7				Comments:
8				Comments:
9				Comments:
10				Comments:

Please affix your signature before turning in your report:			
Chapter Chief:		Date:	
Chapter Adviser:		Date:	