

EDUCATIONAL REPORT FORM

Chapter Name and Number: _____ State: _____

City: _____ Meeting Presentation Date: _____

Yearly Theme: _____

Topic of this Program: _____

METHOD OF PRESENTATION (Check all that apply)

Member's Oral Report (Name) _____

Visual Aid Program (Kind and Type) _____

Guest Speaker (Name) _____

Field Trip (Location) _____

Bibliography/Works Cited _____

Other (Explain) _____

SUMMARY: (Briefly summarize the program stating all major points emphasized)

COMMENTS BY THE EDUCATIONAL DIRECTOR:

Chapter Educational Director:

Name: _____

Address: _____

City/State/Zip: _____

Please Send to:

FSC EDUCATIONAL DIRECTOR:

Lin King

3714 Windmaker Way

Jacksonville, FL 32224

Received: _____ Postmarked: _____

On Time Late