



# LAMBDA KAPPA SIGMA MONTHLY CHAPTER REPORT

Chapter \_\_\_\_\_ Month / year \_\_\_\_\_

Prepared by \_\_\_\_\_ Date prepared \_\_\_\_\_

Meeting minutes enclosed  Yes  No

Upcoming events	Date	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Goals and accomplishments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional programs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fund raising events \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The back of this page may be used for additional comments. Return this form to your Regional Supervisor monthly.