

**KIWANIS CLUB OF NAPA**  
**MONTHLY COMMITTEE REPORT**

Name of Committee: \_\_\_\_\_ Committee Chair: \_\_\_\_\_

The Report Covers the Month/Year \_\_\_\_\_

**1. Committee Meeting Information:**

a. Meeting Date: \_\_\_\_\_ b. Meeting Location: \_\_\_\_\_

c. Meeting Length: \_\_\_\_\_

d. Number of Kiwanis Members Involved: \_\_\_\_\_ Total Number of Service Hours: \_\_\_\_\_

e. Total # of children impacted (est. of youth served): \_\_\_\_\_ (if none, write "0")

**Did the Activity Involve Sponsored Youth or other Young people? (check all that apply)**

- ☐ Key Club
- ☐ Key Leader
- ☐ K-Kids
- ☐ K Builders Club
- ☐ Circle-K
- ☐ Bringing Up Grades (BUG)
- ☐ Other: \_\_\_\_\_

**2. Briefly describe your committee's activities for the month:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Did your Committee conduct or oversee an event, activity or service project this month? ☐ Yes ☐ No**

a. If yes, please describe the event:

\_\_\_\_\_  
\_\_\_\_\_

# of Club members involved: \_\_\_\_\_ Total Service hours: \_\_\_\_\_ \$ Spent/Raised \_\_\_\_\_ Est. of Youth Served \_\_\_\_\_

b. If there was a *second* event, activity or service project, please describe:

\_\_\_\_\_  
\_\_\_\_\_

# of Club members involved: \_\_\_\_\_ Total Service hours: \_\_\_\_\_ \$ Spent/Raised \_\_\_\_\_ Est. of Youth Served \_\_\_\_\_

**This report should be submitted by the last day of the month to the Club Secretary (Debbie Egan)**

**(Attach any additional information as needed)**