

Drug Awareness Committee Activity Report

Lodge: _____

Number: _____

Activity: _____

Date: _____

Purpose: _____

Intended Audience

Number of Students: _____ **Grades:** _____

Number of Parents: _____

**Description of
Activity:**

What Worked Well:

Problems:

Volunteers:

Number of Elks: _____

Others: _____

Number of Hours: _____

Other Hours: _____

Cost of Program:

Elks Funding: _____ **Other Funding:** _____

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