Clear Fields

CHEA Lodge Youth Activities Quarterly Report

Lodge Name & Number_____

Chairman_____

Program Date	Program Description	#Youth Participant	# Elks	# Non-Elks	Elks Hours	Non-Elk Hours	Elks Miles	Non-Elks Miles	Non-Cash	Cash
	Totals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**