

LODGE PROJECT REPORT

CENTRAL REGION ONE DAY OF SERVICE

Lodge Name: _____

Council Name and Number: _____

Date(s) of Service Project: _____



THE ONE DAY OF SERVICE FORMULA

Total Number of People Involved: _____

X

Number of Hours Worked Per Person: _____

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Total Amount of Service Hours: _____

BRIEF DESCRIPTION OF THE PROJECT (TYPE OF WORK)

Please attach any pictures you may have of your Lodge's service project as well as any media coverage about your Lodge's One Day Project.

***** Please Return this form to your Section One Day of Service Coordinator *****