REPORT OF OFFICIAL CLUB VISIT BY LIEUTENANT GOVERNOR

Reports should be submitted no later than March 15 each fiscal year. Email completed report to: txokdist@swbell.net

			RATING
Date of visit?			
Has the Club set Membership goals for the year?			
Are significant community service projects being conducted by the Club? (Yes/No)			
Do committees report their activities	at the club meeting? (Y	es / No)	
Has the Club presented Youth Prote	ection Guidelines to all m	nembers? (Yes/No)	
How do you rate the meeting place?	? (Good / Fair / Poor)?		
How do you rate the reception activ	ities? (Good / Fair / Poor)	
How do you rate the fellowship of club members? How do you rate the conduct of the meeting? (Good / Fair / Poor) How do you rate the program planning? (Good / Fair / Poor) How do you rate the participation of the Club's interclub participation? (Good / Fair / Poor) What is your overall rating of this Kiwanis club? (Good / Fair / Poor) Have all the required monthly reports of the Club been filed to date? (Yes / No)			
ADDITIONAL COMMENTS (Report he	ere any information whicl	n needs the attention of the District	i)
Club Name:	Division	Date Submitted	
Lieutenant Governor Name		Signature	