

# 2005-2007 "Into Your Hands..." Ohio State Program Report

## FAMILY ACTIVITIES PROGRAM

<b>Reports Must Be Postmarked No Later Than The First Day Of The Next Reporting Period Except April; September 1, November 1, January 1, March 1 And April 15. Please Note: Reports Received After April 20 Will Not Qualify For Program Points.</b> <b>"Councils Must Report 6 Activities To Max The Program And Receive 150 Points"</b>	<b>Council #</b> <hr style="width: 80%; margin: 0 auto;"/>	<input type="checkbox"/> Jul-Aug <input type="checkbox"/> Sep-Oct <input type="checkbox"/> Nov-Dec <input type="checkbox"/> Jan-Feb <input type="checkbox"/> Mar-Apr
	<b>Division</b> 1 2 3 4 5	

Report On Both "Mandatory" Activities Below For 50 pts	Activity Date	Pts	Awarded
<b>Activity #34: Family Of The Year</b> Submit council nomination to state director by April 1 with this form.		25	
<b>Activity #35: Ohio Charities Campaign</b> Participate in and submit first turn-in quantities by April 15 to State Council. Number of tickets _____		25	

Report On A Minimum Of 4 Out Of The 9 Activities Below For 100 pts			
<b>Activity #36: Council Family Picnic</b>		25	
<b>Activity #37: Council Family Campout</b>		25	
<b>Activity #38: Family Activity Day</b>		25	
<b>Activity #39: Family Communion Breakfast</b>		25	
<b>Activity #40: Family Pizza Night</b>		25	
<b>Activity #41: Lady Of The Year</b> Submit council nomination to state director by April 1 with this form.		25	
<b>Activity #42: Council Choice</b>		25	
<b>Activity #43: Insurance Night</b>		25	
<b>Activity #44: Wills, Trusts And Estate Planning</b>		25	

<u>Description Of Activity</u> (Number of council members/families participating, Total participants, Details and success of activity)

<u>Director's Comments:</u>  	<b>Mail White &amp; Yellow Copies To:</b> Jack P. Campbell <b>State Family Director</b> 1630 34 <sup>th</sup> Street NE Canton, Ohio 44714 330-453-0872 cootzbabe@aol.com  <b>Retain Pink Copy For Council Files.</b>
-------------------------------------	--

Attach Additional And Supporting Documentation To Qualify For The State And Divisional Best Activity Awards

Submitted By: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_\_\_