

Chapter Name _____ Quarter/ Year _____

Chapter Secretary _____

Lambda Kappa Omega Quarterly Agenda

Community Service

Date:	Event	Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>

Fundraising

Date:	Event	Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>

Social Events

Date:	Event	Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>

Use The same Form for the Beginning and ending of each Quarter. For your chapter to receive National recognition towards goals and tracking the forms must be submitted no later than 10th day. Dos are as follows 1/10, 4/10,7/10, 10/10.

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Chapter Secretary _____

Lambda Kappa Omega Quarterly Agenda

Kappa Gamma Omega

Date:	Event	Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>

Lambda Crystallites

Date:	Event	Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>

Meetings

Date:	Event	Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>

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