

Office of Student Activities

9501 S. King Drive Chicago, IL 60628 Cordell Reed Student Union – 260 Tel. 773.995.2300 Fax 773.995.4489

Monthly Report			
Club/Organization Name:			
Month:	Year:		
Below, please list all of the n	B/ORGANIZATION HAS DONE neetings and/or events you hose es of all flyers used for promoti	ted this past month. Use additional	
Event Name:			
Date: Ti	me:	Location:	
Purpose of the Event:			
Was the purpose of the even	t achieved? Please explain:		
	ed? How many gue	ests attended?	
Event Name:			
Date: Ti	me:	Location:	
Purpose of the Event:			
Was the purpose of the even	t achieved? Please explain:		
How many members attende	ed? How many gue	ests attended?	
Event Name:			
Date: Ti	me:	Location:	
Purpose of the Event:			
Was the purpose of the even	t achieved? Please explain:		
	ed? How many gue	ests attended?	

TELL US WHAT YOUR CLUB/ORGANIZATION PLANS TO DO FOR THE UPCOMING MONTH Below, please list all of the meetings and/or events you plan to host in the upcoming month. Use additional pages if needed.

Event Name:		
Description of Event:		
Purpose of Event:		
Anticipated Date, Time, & Location:		
Event Name:		
Description of Event:		
Purpose of Event:		
Anticipated Date, Time, & Location:		
Event Name:		
Description of Event:		
Purpose of Event:		
Anticipated Date, Time, & Location:		
Student Leader's Name (Print)	Student Leader's Signature	Date
Advisor's Name (Print)	Advisor's Signature	Date