CLUB PROJECT FORM

Club Name:	Club #:	Project Date:
Name of Project:		
Type of Project: ☐ Service	☐ Fundraising ☐ Club Buil	ding
Number of Members Part	icipated	
Number of Adults Particip	ated	
Number of People Served		
	\$	
Number of Hours Worked		
Give a brief description of	the Project:	

Please attach any back-up materials such as pictures, programs, announcements, newspaper clippings, etc., that you feel would help someone else understand how to conduct this project. Any materials that you submit with this form will not be returned to you.

This form should be submitted no later than September 30 to:

Optimist International Junior Optimist Department 4494 Lindell Boulevard Saint Louis, MO 63108 Fax: (314) 371-6006 youthclubs@optimist.org