

South Carolina Society, Sons of the American Revolution Board of Governors State Officer Report

OFFICE HELD: _____

ACTIVITIES OF THE OFFICER:

PLEASE LIST ALL CONTACTS & MEETINGS ATTENDED WITH DATES:

CONTACT/MEETING: _____	DATE: _____
CONTACT/MEETING: _____	DATE: _____
CONTACT/MEETING: _____	DATE: _____
CONTACT/MEETING: _____	DATE: _____
CONTACT/MEETING: _____	DATE: _____
CONTACT/MEETING: _____	DATE: _____

**** (IF ADDITIONAL LINES ARE NEEDED – FILL OUT ANOTHER REPORT)

PLEASE LIST ALL BATTLEFIELD CEREMONIES /SPECIAL EVENTS PARTICIPATED IN:

EVENT: _____	DATE: _____
EVENT: _____	DATE: _____
EVENT: _____	DATE: _____
EVENT: _____	DATE: _____
EVENT: _____	DATE: _____
EVENT: _____	DATE: _____

**** (IF ADDITIONAL LINES ARE NEEDED – FILL OUT ANOTHER REPORT)

OTHER ITEMS OF INTEREST TO THE SOUTH CAROLINA SOCIETY:

SIGNATURE (TYPE NAME): _____

DATE: _____