

**The Delta Kappa Gamma Society
Chi State
THAT Chapter Report Form**

Date: _____ Chapter: _____ Area: _____ Chapter President: _____ Email: _____

Chapter member responsible for this form: _____ Email: _____

Member's name	No. of Hours	Teacher, School or District	Project – How did you help?
	Total		

Email this form to your Area Program Chairman. **FILL IN THE NAME OF YOUR AREA PROGRAM CHAIRMAN**