



# **PA KEY CLUB 2006-07 YSY - Cystic Fibrosis-**

## **REPORT FORM**



**CLUB OR DIVISION NAME:** \_\_\_\_\_

**DIVISION:** \_\_\_\_\_

**CLUB MEMBERSHIP SIZE:** \_\_\_\_\_

**TOTAL NUMBER OF SERVICE HOURS FOR YSY:** \_\_\_\_\_

**AVERAGE AMOUNT OF MONEY RAISED PER MEMBER:** \_\_\_\_\_

**TOTAL AMOUNT OF MONEY RAISED FOR YSY:** \_\_\_\_\_

**CHECK ONE:**

\_\_\_\_\_ **OUR CHECK PAYABLE THE CYSTIC FIBROSIS FOUNDATION IS ATTACHED**

\_\_\_\_\_ **OUR CHECK WAS MAILED DIRECTLY TO THE CYSTIC FIBROSIS FOUNDATION**

**PRESIDENT:** \_\_\_\_\_  
(SIGNATURE)

**ADVISOR:** \_\_\_\_\_  
(SIGNATURE)

**FILL OUT THIS FORM AND BRING IT WITH YOU TO THE CONVENTION; TURN IT IN AT THE CONTEST REGISTRATION OFFICE THAT WILL BE OPEN DURING REGISTRATION ON FRIDAY, MARCH 23, 2007. IF YOUR CLUB IS UNABLE TO ATTEND THE CONVENTION, PLEASE COMPLETE & MAIL THE FORM TO THE KIWANIS DISTRICT OFFICE BY MARCH 16, 2007.**

**Kiwanis District Office  
800 Corporate Circle; Ste. 102  
Harrisburg PA 17110-9346**