



Local MoAS Monthly Reporting Form



1. Minister of A & S's information:

A. SCA name: _____

B. Mundane name: _____

C. Membership Number / Expiration Date: _____

D. Name of Region: _____

E. Name of Local Group: _____

F. Month reporting for: _____

G. Date sent: _____

2. Problems: Please list a very brief description of the problem(s).

3. Brag list – Please be brief. Include names of champions and other A & S activities.



Local MoAS Monthly Reporting Form



Continued from Page 1