## **ANNUAL NURSES TRAINING REPORT**

COUNTY CABANE NO. YEAR MEMBERSHIP

(As of May 31)

**Note:** Activities need an explanation (please attached worksheet).

| Our Voiture has a Nurses Training Scholarships / Program. | Yes | No |  |
|---|-----|----|--|
|---|-----|----|--|

| Activities                                  | Hours Worked | Miles<br>Traveled | Individual<br>Donations | Cabane<br>Donations |
|---|--------------|-------------------|-------------------------|---------------------|
| Contributions to Voiture Locale             |              |                   |                         |                     |
| Other Support for this Program              |              |                   |                         |                     |
| Pins  |              |                   |                         |                     |
| Fund Raisers for Nurses Training            |              |                   |                         |                     |
| Donations for Scholarship (Nurses Training) |              |                   |                         |                     |
| 50/50 Raffle Tickets to Voiture             |              |                   |                         |                     |
| Other Nurses Training Activities (explain)  |              |                   |                         |                     |
| Grand Totals                                |              |                   |                         |                     |

| Total hours                | X \$10.00 |  |
|----------------------------|-----------|--|
| Total miles                | X \$1.00  |  |
| Total individual donations |           |  |
| Total Cabane donations     |           |  |
| GRAND TOTAL                |           |  |
| Signed by:                 |           |  |

| WORKSHEET                 |                 |                         |                         |                     |  |
|---------------------------|-----------------|-------------------------|-------------------------|---------------------|--|
| Cabane Locale             | Membership      | Membership as of May 31 |                         |                     |  |
| Explanation of Activities | Hours<br>Worked | Miles<br>Traveled       | Individual<br>Donations | Cabane<br>Donations |  |
|                           |                 |                         |                         |                     |  |
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| Total                     |                 |                         |                         |                     |  |