

Chapter Name	# Members	# Non	# Advisors	# Other		Brought Donation	\$ Donation	\$ Registration	\$ Total		Paid type: Check #/Cash
Totals:											

Total # of chapters _____

Total # of other participants _____

Total # of members _____

Total # of advisors _____

Report submitted by: _____ (Treasurer)

DUE: Within 10 days following the Region Meeting. NOTE: This form is also used for the Secretary's Roll Call at the Region Meeting.

Please submit Attendance and Registration form along with Deposit form and payments to:
 California FCCLA Financial Services, PO Box 6, Galt CA 95632