

SR-1A OA RELIEF CORPS 2020

OPERATION LOUISIANA RELIEF



OA ReliefCorps Lodge Report

Lodge: _____

Council: _____

Council
Address: _____

Date of Service Project: _____

Who the Project Benefited: _____

Description of Project: _____

Number of Participants: _____

Total Services Hours: _____

Project Coordinator Name: _____

Project Coordinator Phone: _____

Project Coordinator E-mail: _____

Lodge Chief

Date

Lodge Adviser

Date

E-mail completed form to flash.aa@gmail.com by January 31, 2021.