

**MONTHLY MOTORIST AWARENESS
ACTIVITY REPORT
(DUE END OF EACH MONTH)**

NAME _____

CHAPTER _____

DISTRICT _____

DATE _____

CHECK THE BOX IF YOU DID THIS MOTORIST AWARENESS ACTIVITY

(CHECK ALL THAT APPLY, EVEN IF YOU DID MULTIPLE ACTIVITIES AT ONE EVENT. NUMBER COUNTS ARE NOT REQUIRED.)

- PRESENTATION**
- PUBLIC SPEECH**
- PERSONAL CONTACTS**
- BIKE NIGHT (SHOW X 5 DAYS)**
- LITERATURE DISTRIBUTION**
- SIGNAGE/BUMPER STICKERS**
- PARADE**
- MAP TABLE AT ANY EVENT**
- REST STOP**
- YARD SALE**
- SWAP MEET/FLEA MARKET**
- OTHER** _____

