Rainbow Reader
Assembly Hours Chart

Assembly Name/Number _____

Mother Advisor's Signature _____

_____ total books donated in your community

_____ total hours to 11 and younger (libraries, daycare, etc)

_____ total hours to Masonic Homes, nursing homes, etc

Name	Age	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	TOTAL

Mail completed form by June 1st to:

Melissa Rowe
PO Box 13008
Des Moines, WA 98198
directorsvcprjcts@speakeasy.net