

## Rainbow Reader Hours Individual Hours Chart

Name \_\_\_\_\_

Age \_\_\_\_\_

Are you a .....MEMBER / PLEDGE / ADULT (circle one)

Assembly Name/Number \_\_\_\_\_

Mother Advisor's Signature \_\_\_\_\_

	Hours Read to a Child 11 years or younger	Hours Read to self (not for work/school)	Hours read to Masonic Home or other adults	Books Collected for donation in community	Other (specify)
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
<b>TOTALS</b>					

Mail completed form by June 1st to:

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