Rainbow Reader
Assembly Hours Chart

Assembly Name/Number _____

Deputy'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	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY

Mail completed forms to:
Melissa Rowe
PO Box 13008
Des Moines, WA 98198