



_____ PLAN OF WORK

PILOT CLUB OF _____ DISTRICT

DIVISION: _____ COORDINATOR _____

Address (Street/City/State/Zip)

(Cell Phone)

(Work Phone)

(Residence Phone)

(Email)

DIVISION MEMBERS:

Name	Phone Number	Name	Phone Number

PROPOSED DIVISION ACTIVITIES:

Activity	Chairperson	Date of Activity	Estimated Expense	Estimated Income	Budget Request
TOTALS					

Deadline:
Complete a Plan of Work for each Club Division
(Membership, Fund Raising, Projects, Leadership Development and Anchor)
Revisions may be made by club as needed during the year.

Send Copy to: ECR
Coordinators