

# KANSAS STATE COUNCIL OUTSTANDING CHAPTER FORM (Cover Sheet)

Chapter Name & Number: \_\_\_\_\_

District: \_\_\_\_\_ Chapter Contact Person: \_\_\_\_\_

Town: \_\_\_\_\_ Contact Person Phone: \_\_\_\_\_

Chapter Membership count as of 04/01/\_\_\_\_

Chapter Membership count as of 03/31/\_\_\_\_

Membership count will be based on information provided by ESA Headquarters to the current year State Second Vice-President.

**This form**, along with the **actual statistical form (Outstanding Chapter Form)** and a **copy of the current year philanthropic form**, must be completed and mailed to the Outstanding Chapter Contest Chairperson to be eligible for Outstanding Chapter judging, post marked on or before April 1, st.