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 list of the chapter’s current year philanthropic projects, must be completed and mailed to the Outstanding Chapter Contest Chairperson to be eligible for Outstanding Chapter judging, post marked on or before April 1st.