

# SENESCHAL QUARTERLY REPORT FORM

Group Name: \_\_\_\_\_ Reporting Quarter/Year: \_\_\_\_\_

	Seneschal	Deputy
<b>Name:</b>		
<b>MKA:</b>		
<b>Street Address:</b>		
<b>City, State Zip:</b>		
<b>Phone:</b>		
<b>Email:</b>		
<b>Length in Office:</b>		

**BRANCH ACTIVITIES FOR MONTH:**

Number active members on roster: \_\_\_\_\_

Activity	Number Held This Quarter	Average Attendance	Comments/Class Subject Matter/Etc.
<b>Meetings:</b>			
<b>Classes:</b>			
<b>Fighter Practices:</b>			
<b>Demos:</b>			
<b>Events:</b>			
<b>Other:</b>			

**Future Group Activities:** *(Events, demos, major projects, recruitment, etc.)*

**Successes and/or Concerns of the Group:** *(Use this space to report whether or not you are reporting for other officers, matters involving the performance of other officers, elevations, awards or other recognitions, any issues with households or individuals, relationships with neighboring groups, quality of service from Kingdom Level Officers, etc.)*

**Any questions you have for the Kingdom Seneschal or Your Ombudsman:**

**Reminders:** *If your group does not have a chatelaine, you must complete the quarterly **Chatelaine's Report Filed by Group Seneschal** found on the Chatelaine's page of the Kingdom Website.*