

RENEW - REFRESH - REVITALIZE

3-R Program Verification

Form must be submitted by September 30th

Clı	ub Name #	
1.) Club Communication between Club Leadership and Members:		
a)	How did you communicate with at least 75% of your members?	
	\square in person \square by phone \square by e-mail	
b)	Positive Feedback	
c)	Areas of Concern	
2.) Action Plan:		
a)	Activities to eliminate	
b)	New Activities	
	Goals	
d)	Objectives	
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3.) <u>Le</u>	eadership – Activity:	
a)	PGI Program – How many members advanced at least one level?	
or	PDP Program – How many members started the program?	
b)	Other	
4.) <u>M</u>	embership – Activity	
a)	Activity	
b)	List 3 new members	
Verified:		
	OR	
Club Fitne	ess Advisor District Chair Date Lt. Governor	Date

Please submit to: Club Fitness Advisor Committee Optimist International 4494 Lindell Blvd. St. Louis, MO 63108

