



IDAHO CRYPTIC MASONS

COUNCIL OF EXCELLENCE PROGRAM

RECORD SHEET

| STANDARD | Council Name: | Council No. |
|----------|--|-------------------|
| 1 | Council Recorder's Signature Verifying this Standard: | |
| 2 | Record Date of Table Council: | |
| 3 | Complete Council Budget and Submit | Date |
| 4 | Council IM Signature Verifying this Standard: | |
| 5 | Complete Council Activity Plan and Submit | Date |
| 6 | Record Subject & Dates of each Program Conducted (2) | |
| 7 | Number of Line Officers Attending: | Degree and Date: |
| 8 | Type of Communication Sent (3) and Dates: | |
| 9 | Number of Council Voting Delegates at Grand Council Session | Date Verified |
| 10 | Total Number of Companions Attending: | Date |
| | Number of companions Who Don't Regularly Attend: | |
| 11 | Number of Members Attending: | Council Attended: |
| | Number of Officers Attending: | |
| 12 | Type of Service or Activity | Date |
| 13 | Type of Fundraiser: | Date |
| 14 | Council Hosted: | Date |
| 15 | Type of Social Event Held: | Date |
| 16 | Type of Youth Group Visited: | Date |
| | Number of Council Members and Officers Present: | |
| 17 | Document the Results of the Envelopes Which Were Handed Out. | Date |
| 18 | Names of New Members: | |

| | | |
|----|--|-------|
| 19 | Number of Members and Officers Present: | Date |
| | Type of Meeting Attended: | |
| 20 | Total Number Attending Church: | Date |
| | Church Attended: | |
| 21 | Council Treasurer's Signature Verifying This Standard: | |
| 22 | Council Recorder's Signature Verifying This Standard: | |
| 23 | Council IM Signature Verifying This Standard | |
| 24 | Contacted 50 Year Members | Dates |
| 25 | Name of Masonic Organization | Date |
| | Members and Officers Attending / | |

REMEMBER
IF ONLY ONE COMPANION KNOWS WHAT IS HAPPENING,
ONLY ONE PERSON WILL BE INVOLVED.

“COMMUNICATION IS THE KEY TO SUCCESS!!”