**INFORME TRIMESTRAL COORDINADORA DE ZONA**

**NOMBRE:**

ZONA: ACTIVIDADES CORRESPONDIENTES DEL AL

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COMITES DE TU ZONA:

INFORMES RECIBIDOS

MES:

**TOTAL DE OBRA ASISTENCIAL**

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| COMITÉ DEL CLUB | IMPORTE | PERSONAS BENEFICIADAS | HORAS DE SERVICIO |
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MES:

**TOTAL DE OBRA ASISTENCIAL**

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| COMITÉ DEL CLUB | IMPORTE | PERSONAS BENEFICIADAS | HORAS DE SERVICIO |
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MES:

**TOTAL DE OBRA ASISTENCIAL**

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| COMITÉ DEL CLUB | IMPORTE | PERSONAS BENEFICIADAS | HORAS DE SERVICIO |
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JUNTA DE ZONA

FECHA:

COMITÉ DE DAMAS ANFITRION CLUB:

ASUNTOS TRATADOS:

TEMA DE INSTRUCCIÓN LEONISTICA:

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| COMITÉS QUE ASISTIERON | **DIRETORA** | **VICE DIRECTORA** | **SECRETARIA** | **TESORERA** |
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INDICAR CON UNA X QUIENES ASISTIERON

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| COMITES VISITADOS EN SUS JUNTAS | FECHA |
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ENVIAR FOTOS DE VISITAS Y ACTVIDADES QUE REALIZASTE

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| ASISTI A LA JUNTA DE GABINETE LOS DIAS |  | DE |  | DEL | 202 |

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| EN EL CLUB DE LEONES DE |  |

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| COMENTARIOS ADICIONALES: |
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|  |  |  |
| FIRMA |  | FECHA |

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| --- |
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| C.C.P. SEGUNDA VICEDIRECTORA |
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