

**BRANCH DEPUTY MONTHLY REPORT**

For The Month of: \_\_\_\_\_

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Deputy Name: \_\_\_\_\_ To Branch No. \_\_\_\_

Total Members: \_\_\_\_\_ No. Of Members Present: \_\_\_\_\_

Was Chaplain Present? Yes \_\_\_\_\_ No \_\_\_\_\_

What ICF Programs Did You Address?

Was a guest speaker/video presentation or other activity presented? Yes/No`

What was the topic of the presentation (if any?)

What correspondence from the Central Council was read?

Was the Branch's Apostolate/Charity Report read to members? Yes No

How many new members joined at the meeting? \_\_\_\_\_

Please Give Your Comments Regarding This Branch And/Or Upcoming Events:

Note: Give this report to your District Deputy each month.  
(1/98)

## DISTRICT DEPUTY QUARTERLY SUMMARY REPORT

Italian Catholic Federation  
675 Hegenberger Road, Suite 230  
Oakland, California 94621  
510-633-9058      510-633-9758 (fax)

**District DeputyName**\_\_\_\_\_ **District:**\_\_\_\_\_

Date: \_\_\_\_\_

How Many Branches In Your District? \_\_\_\_\_

How Many Branches Without A Deputy? \_\_\_\_\_

Summarize any problems in a branch that need immediate attention.

When is Annual Deputy Workshop scheduled?

What specific areas do your deputies want addressed?

What branches have you visited in this past quarter?

Please Give Your Suggestions And Ideas Regarding The Deputy Program:

Note: All deputy reports should be sent to you monthly. You in turn will summarize the branch deputy reports on this Quarterly Report and mail to the ICF Office.

**REQUEST FOR BRANCH DEPUTY APPOINTMENT**

Italian Catholic Federation

675 Hegenberger Road, Suite 230

Oakland, California 94621

510-633-9058

510-633-9758 (fax)

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ Branch No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

He/She should be appointed to Branch #: \_\_\_\_\_

He/She is replacing \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Change: \_\_\_\_\_

Appointment Should Take Effect: \_\_\_\_\_

District Deputy: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

<p><b>For ICF Office Use Only</b></p> <p><i>update foxpro</i> _____ <i>certificate</i> _____ <i>appt ltr</i> _____ <i>cert ltr</i> _____</p>
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