

**MARJORIE COYKENDALL NURSES TRAINING AWARD
2018-2019**

FOR CABANES LOCALE WITH TWENTY (20) MEMBERS OR LESS
RULES GOVERNING THIS TROPHY

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 Monetary Assistance – Any and all monies presented to the Voiture. (Be it from proceeds of functions taken in by the Cabane of donations from the general fund.) Monetary Assistance to the Voiture's Trainee. (Assisting the Trainee in personal needs, medical help, surgical or dental.) Hours – CREDIT ONLY ACTUAL HOURS WORKED, either assisting the Voiture or Cabane activities or functions designed for Nurses Training. Some are garage sales, bake sales, bingo, Monte Carlo or Las Vegas nights, card games, Tupperware parties, working dinners (serving or in kitchen), dances, raffles (money trees, afghans, baskets of cheer). Mileage – ONLY the driver may count her mileage, not the riders. DO NOT CREDIT IF ATTENDING THE FUNCTION ONLY.

No Dame may take credit on the following: Attending graduations of a Trainee for Nursing. Attending any function held by the Voiture (where she did not actually work). Volunteer work in V.A. Hospitals, Nursing Homes, etc. Hospital visitations. Sending get-well cards, etc. Visitations to relatives in hospitals. (These have nothing to do with Nurses Training.)

Each Cabane shall provide a Nurses Training report to their Voiture annually prior to the Voiture Grande Promenade.

Cabane Locale # _____ de _____ Membership as of JUNE 30, 2019 _____

Type of Activity Performed	a. Hours Worked	b. Miles Traveled	c. Money Donated	d. Value of Material Used

Total of each column here:

a. Total of hours worked _____ x \$10.00 = \$ _____
 b. Total of Miles Traveled _____ x \$1.00 = \$ _____
 c. Total of Money Donated _____ \$ _____
 d. Total of Value of Material Used _____ \$ _____
 Total of lines a + b + c + d = \$ _____

ATTESTED

 La Correspondante Locale
 Phone# () _____

e-mail address: _____

 La Presidente Locale
 Phone#() _____

e-mail address: _____

REQUIRED VERIFICATION

"I verify that the above is one of the Voitures Programs."

Attested by: _____
 Chef de Gare

or: _____
 Voiture Correspondant

or: _____
 Voiture Advisor

THIS REPORT MUST BE POST MARKED NO LATER THE JULY 31, 2019

MAIL TO: KATHY GRAHAM
 P O BOX 195
 LAFARGEVILLE, NY 13656