

**REGIONAL DEPUTY GRAND MASTER
OFFICIAL VISITATION REPORT**

R.D.G.M. Name: _____ Region: _____ Date: _____

Council Name: _____ No: _____ City: _____

- | | | |
|--|---|-------------------------------|
| (1) Membership of Council: _____ | (2) Regional Committeemen present: _____ | |
| (3) Number of Members present: _____ | (4) Grand Council Officers present: _____ | |
| (5) Number of Visitors present: _____ | (6) Number of pro-tems: _____ | |
| (7) Type of Assembly: | Stated <input type="checkbox"/> | |
| | Special <input type="checkbox"/> | |
| (8) Degrees conferred by Council: | RM <input type="checkbox"/> | |
| | SM <input type="checkbox"/> | |
| | SEM <input type="checkbox"/> | |
| (9) Are special functions such as Past Master's Night, special speakers, dinners, etc. held to increase attendance: | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (10) Have you presented the Council Merit Award Program to the Council? | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (11) Is the Council participating in the Council Merit Award program? <i>(If no, document why.)</i> | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (12) Have you discussed the Regional York Rite Conference with the Council? | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (13) Type of opening: | Full Form <input type="checkbox"/> | Good <input type="checkbox"/> |
| | Other <input type="checkbox"/> | Fair <input type="checkbox"/> |
| | | Poor <input type="checkbox"/> |
| (14) Were rituals used in the opening? | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (15) Type of Business Meeting: | Good <input type="checkbox"/> | |
| | Fair <input type="checkbox"/> | |
| | Poor <input type="checkbox"/> | |
| (16) Is meeting place and date shared with another York Rite body? | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (17) Has the regional Charity Committeemen presented their program to the Council? | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (18) Has Life Membership program been presented to the Council? | Yes <input type="checkbox"/> | |
| (19) Are Council members aware of and participating in Grand Council Ritual Proficiency program? | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (20) Has Cryptic Mason Medical Research Foundation and the Grand Council Charity Endowment Fund literature been distributed? | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (21) Is the Council aware of and promoting the Penny-A-Day program for the Grand Council Charity Endowment Fund? | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |
| (22) Were collections received for the CMMRF? | Yes <input type="checkbox"/> | |
| | No <input type="checkbox"/> | |

VISITATION REPORT (cont.)

- (23) Were collections received for the Charity Endowment Fund? Yes
No
- (24) Does Council have a Membership & Youth Activities program? *(Describe.)* Yes
No
- (25) Do any of the officers plan to attend the Grand Council Assembly? *(If no, explain.)* Yes
No
- (26) Does the Council publish a Trestleboard? *(Ask to be placed on the mailing list?)* Yes
No
- (27) Does the Council keep minutes? *(If no, explain.)* Yes
No
- (28) Have the Councils finances been audited? *(If no, explain.)* Yes
No
- (29) Does the Council have a budget? *(If no, explain.)* Yes
No
- (30) Physical inventory/condition of the Council Charter: Excellent Good
Fair Poor
- (31) Physical inventory/condition of the Council Seal: Excellent Good
Fair Poor

Comments: _____

Date of Report: _____

Mail Report to: Grand Master
Deputy Grand Master

and to: Regional Deputy Grand Lecturer
Regional Grand Council Officer
Grand Recorder