

## NATIONAL LA BOUTIQUE

**TO: LES SECRETAIRES DEPARTEMENTAUX**  
**FROM: Sandra Winchester, La Secretaire-Caissiere Nationale**

**RE: 2024 – 2025 ANNUAL REPORT FORMS**  
**DEPARTEMENTAL LA SECRETIRE NEEDS TO MAKE COPIES FOR**  
**DEPARTMENTAL OFFICERS AND PETIT SALONS, FROM THESE MASTERS.**

The enclosed report forms are to be distributed to the following Departemental Officers, Chairmen, and Petit Salons as soon as possible after receipt of it. Please make copies as needed.

**DEPARTEMENTAL OFFICERS:** **Two (2)** copies each of Departemental Report for L’Aumonier, L’Archiviste and La Concierge. **Three (3)** copies for Le Chapeau.  
(White Paper)

**DEPARTEMENTAL CHAIRMEN:** **Two (2)** copies each of Departemental Report to Constitution and Bylaws Chairman, Leadership Chairman, Public Relations Chairman, and Ritual & Emblem Chairman. **Three (3)** copies to Children and Youth Chairman and Scholarship Chairman.  
(White Paper)

**LES PETIT SALONS:** **Two (2)** copies each of Petit Salon Officers and Chairman reports for Chapeau, L’Archiviste, L’Aumonier, La Concierge, Children and Youth Chairman, Leadership, Constitution and Bylaws Chairman, Public Relations, Ritual & Emblem and Scholarship.  
(White Paper)

Adherence to “**DEADLINE**” dates is imperative and too much emphasis cannot be placed on your immediate attention to the distribution of these forms to officers, chairmen and Salons.

The compilation of National records is based solely on the information contained in the reports received by the National Officers and Chairmen. Forward to respective officers or chairmen, even though it is marked “nil” or “none”.

**ATTENTION DEPARTEMENTAL CHAPEAU** – The report is to be filed in Triplicate – one copy to Le Chapeau National, one copy to Demi Chapeau National and one copy to the Demi Chapeau of your division. It is also necessary that you follow through with your officers and chairmen to make certain their reports are sent in on time.

Copy of this letter to National Officers and National Chairmen with a copy of their respective report. Extra copy of this letter to Chapeau Departemental by Departemental La Secretaire.

## DEPARTEMENTAL CHAPEAU ANNUAL REPORT

This Report is to compiled from the Reports of all the Petit Salons

Your Name: \_\_\_\_\_ Departemental: \_\_\_\_\_  
Address: \_\_\_\_\_

Partnership Goal: \_\_\_\_\_ Current # of Partners: \_\_\_\_\_ How many Salons in Dept: \_\_\_\_\_  
Number of New Partners: \_\_\_\_\_

Number of Salons attended the Dept. La Marche: \_\_\_\_\_ How many Partners attended: \_\_\_\_\_  
Was a Leadership held at Marche? Yes: \_\_\_\_ No: \_\_\_\_ # Partners in attendance: \_\_\_\_\_

How many Petit Salons held initiations? \_\_\_\_\_ Number of salons that assigned mentors to new  
partners: \_\_\_\_\_ Submitted Histoires: \_\_\_\_ Memory books: \_\_\_\_ Prayer book: \_\_\_\_\_  
Communication Book: \_\_\_\_\_

Did you receive communications from the National Officers and Chairman? Yes: \_\_\_\_ No: \_\_\_\_ If so,  
were they informational and helpful? Yes: \_\_\_\_ No: \_\_\_\_ Did you submit a Communications Book to  
the National Awards Chairman? Yes: \_\_\_\_ No: \_\_\_\_

Number of guests entertained by Petit and Departemental? \_\_\_\_ (List names & titles on separate sheet).

How many Hospital and/or Clinics treating children with Respiratory Diseases are there in your  
Department? \_\_\_\_ (List names on back). How many did your Departmental/Salons support? \_\_\_\_  
Contributions: Volunteer Hours: \_\_\_\_\_ \$ \_\_\_\_\_ Other: \_\_\_\_\_; Does your Departmental have an  
Asthma Camp? \_\_\_\_ If so, how much did your Departmental/Salons contribute to them:  
\$ \_\_\_\_\_ Hours: \_\_\_\_\_ Items: \_\_\_\_\_ Other: \_\_\_\_\_

How many Petit Salons contact and work with: Lung and Respiratory Association - # Salons:  
\_\_\_\_\_ Hours: \_\_\_\_ \$ \_\_\_\_; Cystic Fibrosis Association - # Salons: \_\_\_\_\_ Hours: \_\_\_\_ \$ \_\_\_\_;  
Christmas Seals: \$ \_\_\_\_\_; American Lung Association Seals \$ \_\_\_\_; Number of children Aided with  
respiratory diseases: \_\_\_\_\_ \$ \_\_\_\_\_ Hours: \_\_\_\_ Number of Families: \_\_\_\_\_; Additional contributions  
or hours volunteered: \$ \_\_\_\_\_ Hours: \_\_\_\_; Did your Departmental/Salons sponsor a child?  
Yes: \_\_\_\_ No: \_\_\_\_ How many? \_\_\_\_

Amount, hours, items contributed to: All Partners Project: \$ \_\_\_\_\_ Hours: \_\_\_\_\_ Items: \_\_\_\_\_  
Cost of Items: \_\_\_\_\_; Nurses Scholarship: \$ \_\_\_\_\_; ALCWF: \$ \_\_\_\_\_

Do you let people around you know what the Eight and Forty is about? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, tell  
me about it on the back of this sheet or separate one.

Did you or any of your Petit Chapeaux have a special Chapeau's Project this year? \_\_\_\_\_ If so, please  
tell me about it on back of this sheet or a separate sheet.

\*A short narrative about your Departmental/Salon activities (especially fund raising and Partnership) may  
produce a SPECIAL reward from National Chapeau Pam.

MAIL ONE COPY TO: Barbara Rutherford, PO Box 4508, Wenatchee WA 98807-4508, one copy to Le  
Demi Chapeau National Doris Ann Werlinger, 4295 Sturgis Rd., Rapid City, SD 57702-0310 and one  
copy to the Le Demi Chapeau of your Division. **MUST BE RECEIVED BY July 15, 2025**

**DEPARTEMENTAL CHILDREN AND YOUTH REPORT**

Covering period from June 1, 2024, to May 31, 2025

**DEPARTEMENTAL CHILDREN AND YOUTH CHAIRMAN:**

Mail one (1) copy to respective Divisional Chairman by **July 15, 2025**

Mail one (1) copy to National Children and Youth Chairman to be received by **July 15, 2025** – Patricia Miller, 400 May Ave., Cuyahoga Falls, OH 44221-4756

Name and number of Salon Departemental \_\_\_\_\_

Number of Petit Salons in your Departemental \_\_\_\_\_

Petit Salons reporting \_\_\_\_\_ Percentage reporting \_\_\_\_\_

2025 Departemental Partnership Goal \_\_\_\_\_ Partnership Paid to Date \_\_\_\_\_

Departemental Chairman Name \_\_\_\_\_

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

**DIRECT AID:**

Petit Salons (include all monies given locally)

- a) Cystic Fibrosis \$ \_\_\_\_\_
- b) Asthma (to include Better Breathing, etc.) \$ \_\_\_\_\_
- c) TB and Other respiratory diseases \$ \_\_\_\_\_
- d) Local Hospital, Families \$ \_\_\_\_\_
- e) Camperships (designate CF or Asthma) \$ \_\_\_\_\_

Departemental (include all monies given by Departemental including Departemental Special Project). Describe Chapeau’s Special Project on back of this report.

**AMERICAN LUNG ASSOCIATION EASTER & CHRISTMAS SEALS**

Donations by Salon, Partners and Departemental \$ \_\_\_\_\_

**RESEARCH**

- a) Cystic Fibrosis \$ \_\_\_\_\_
- b) Asthma \$ \_\_\_\_\_
- c) TB and other respiratory diseases \$ \_\_\_\_\_

**NATIONAL JEWISH HEALTH**

- a) Pediatric Fund \$ \_\_\_\_\_
- b) Recreation Fund \$ \_\_\_\_\_
- c) Shower of Checks \$ \_\_\_\_\_
- d) Ditty Bags \$ \_\_\_\_\_

**CHILD WELL-BEING FOUNDATION** \$ \_\_\_\_\_

**EIGHT AND FORTY FOUNDATION** \$ \_\_\_\_\_

- a) All Partners Scholarship Fund \$ \_\_\_\_\_

**TOTAL OF ALL CONTRIBUTIONS** \$ \_\_\_\_\_

**VOLUNTEER HOURS (Include Transportation time)**

- a) Hours spent in homes, hospital, clinics, camps, etc. \_\_\_\_\_
- b) Hours for clerical assistance \_\_\_\_\_

**TOTAL VOLUNTEER HOURS** \_\_\_\_\_

**TOTAL NUMBER OF CHILDREN ASSISTED** \_\_\_\_\_

Number of children adopted locally \_\_\_\_\_ How many Petit Salons participated in the CWF 100% per capita program? \_\_\_\_\_

**A narrative is a must to compete for an award. Must be submitted on a separate sheet with title page showing Departemental Name and Number; Departemental Chairman’s name and address and 2025 Goal.**

## DEPARTEMENTAL CONSTITUTION AND BYLAWS REPORT

Each Departemental Constitution and Bylaws Chairman should send this report to the National Chairman so that it is **received NO LATER THAN** July 15, 2025.

### DEPARTEMENTAL INFORMATION

1. How many Petit Salons are in your departemental? \_\_\_\_\_ How many have reported? \_\_\_\_\_
2. How many Petit Salons have a copy of their Petit Salon Constitution and Bylaws for all Partners? \_\_\_\_\_
3. How many Petit Salons Constitution and Bylaws were approved by the Departemental Constitution and Bylaws Chairman? \_\_\_\_\_ Copies filed with Secretaire Departementale? \_\_\_\_\_ L'Avocate? \_\_\_\_\_
4. Does your Departemental Salon have an adopted Constitution and Bylaws?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has your latest Constitution and Bylaws been approved by the Constitution and Bylaws Chairman, and is there a copy on file? Yes \_\_\_\_\_ No \_\_\_\_\_
6. When were your Departemental Bylaws approved by the National Constitution and Bylaws Chairman? \_\_\_\_\_ Last revised? \_\_\_\_\_
7. Does your Departemental anticipate suggesting revisions and amendments to the National Constitution and Bylaws Chairman? \_\_\_\_\_ When? \_\_\_\_\_
8. Was your name and address sent to the Nationale Headquarters for transmission to the National Constitution and Bylaws Chairman? \_\_\_\_\_ When? \_\_\_\_\_
9. Do you have the latest National Constitution and Bylaws on hand and use them?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you advocate that all Petit Salons use them? \_\_\_\_\_
11. How many Petit Salons reviewed their Standing Rules this past year? \_\_\_\_\_  
Did your Departemental review their Standing Rules this past year? \_\_\_\_\_
12. How many revised or added Standing Rules this past year? \_\_\_\_\_ Petit Salons  
Departmental \_\_\_\_\_

**SPECIAL NOTE:** Please attach any comments to assist and improve this program's importance, which is vital to the success of our Eight and Forty.

\_\_\_\_\_  
Departemental Constitution and Bylaws Chairman and Address

Departemental \_\_\_\_\_, Email: \_\_\_\_\_

**Send report no later than July 15, 2025, to National Constitution and Bylaws Chairman  
Denise Bossetti, 1718 Courtney Lane, Huron, OH 44839-2291, [dboss1718@gmail.com](mailto:dboss1718@gmail.com)**

## DEPARTEMENTAL La CONCIERGE REPORT

(Due by July 15, 2025)

Departemental La Concierge please compile your Salon reports and fill out this report with information received. Then mail it to my address below, a copy to your Divisional Demi Chapeau also. Please attach a brief summary of what the Salons and Partners did to promote **FUN ,FELLOWSHIP** and **SERVICE**.

Departemental \_\_\_\_\_ Current Partnership Goal \_\_\_\_\_ Current Partnership \_\_\_\_\_

Departemental La Concierge \_\_\_\_\_

1. How many Petite Salons in your Departemental ? \_\_\_\_\_ How many reports ? \_\_\_\_\_
2. How many bulletins did you send to those Salons? \_\_\_\_\_ Any personal visits ? \_\_\_\_\_
3. Did you give the Salons any hand outs such as flag etiquette or proper handling ? \_\_\_\_\_
4. How many Salons held a contest in a local school ? \_\_\_\_\_ If they handed out Flags, how many were given? \_\_\_\_\_
5. Number of Salons that have 3 x 5 Flag and Eight & Forty colors to be advanced ? \_\_\_\_\_
6. Number of Salons that have desk sets ? \_\_\_\_\_ Do they use them for their meetings ? \_\_\_\_\_
7. Did any Salons or Departemental promote proper use and Flag etiquette? \_\_\_\_\_
8. Did you enjoy this office ? \_\_\_\_\_
9. Did you receive my bulletins and read articles in Hat Box ? \_\_\_\_\_
10. Did you use any of the information sent from National ? \_\_\_\_\_

Thank you for Serving as Departemental La Concierge

Patricia Mann  
103 Maple Terrace  
Syracuse, NY 13210-4451  
[babyelephant1945@gmail.com](mailto:babyelephant1945@gmail.com)  
315-395-6270

## DEPARTEMENTALE L'ARCHIVISTE REPORT 2024 - 2025

L'Archiviste Departemental is requested to compile this report.

Send report form to L'Archiviste Nationale Luella Buske, 904 N. Van Buren, Litchfield, IL 62056-1555 must be received no later than **July 15, 2025**.

Departemental L'Archiviste Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Departemental \_\_\_\_\_ Number \_\_\_\_\_ Date Organized \_\_\_\_\_

Number of Petit Salons \_\_\_\_\_ Number of New Salons \_\_\_\_\_ # Reporting \_\_\_\_\_  
Partnership Goal \_\_\_\_\_ Renewals \_\_\_\_\_ New Partners \_\_\_\_\_ Total \_\_\_\_\_  
% of Goal \_\_\_\_\_

The 2024 – 2025 Histoire shall begin JUNE 1, 2024 and end MAY 31, 2025.

Did your Departemental submit a Histoire to your Divisional Demi Chapeau? Yes \_\_\_\_\_  
No \_\_\_\_\_ How many Petit Salons compiled a Histoire? \_\_\_\_\_  
How many sent them to you for Judging? \_\_\_\_\_

Did you submit a personal Histoire of yourself to L'Archiviste Nationale? Yes \_\_\_\_\_ No \_\_\_\_\_

### 2024– 2025 DEPARTEMENTAL OFFICERS

Chapeau \_\_\_\_\_

Le Demi Chapeau Premiere \_\_\_\_\_

Le Demi Deuxieme \_\_\_\_\_

L'Archiviste \_\_\_\_\_

L'Aumonier \_\_\_\_\_

La Secretaire \_\_\_\_\_

La Cassiere \_\_\_\_\_

La Concierge \_\_\_\_\_

L'Avocate \_\_\_\_\_

National Pouvoir Member \_\_\_\_\_

Names of National Officers or Chairmen in the Eight and Forty from your Departemental.

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Please include a narrative about the activities of your Departemental, to include special projects, Camps, scholarships, etc. Also include fellowship and fun programs.

## DEPARTEMENTAL HISTOIRE RULES

L'Archiviste Departemental shall prepare a Departemental Histoire in accordance with the following rules, which have been set by Salon National. Petite Salon histoire shall be submitted to Departmental L'Archiviste only.

### General Rules for Departemental Histoires

1. Histoire shall cover the period from June 1 through May 31, and shall be compiled from reports of Departementaux Officers and Chairmen.
2. All Histoires must be in the hands of Le Divisional Demi Chapeau National of the respective Division **on or before July 1<sup>st</sup>**.
3. **Les Divisional Demi Chapeaux National shall arrange for judging of Histoires in competition from Salons having Partnership of 101 or over, and Salons with Partnership 100 or under, and shall forward the winning Histoire to L'Archiviste Nationale on or before August 1<sup>st</sup>.**
4. **L'Archiviste Nationale shall have final judging prior to La Marche Nationale and bring only the winning Histoire to La Marche city.**
5. Each Departemental submitting a Histoire shall be responsible for the postage necessary for its return to their respective Departementale.
6. Histories shall be **double** spaced, typed in red or black, 8 ½ x 11 paper (one side only) with 1 ½" margin on top, sides and bottom of all pages. The page number is to be placed on center of bottom of all pages. There shall be **no** borders or emblems used on pages. Either a red or white binder may be used, with Eight and Forty Emblem on cover. May be typed on word processor or computer.
7. The only picture to be used is that of Le Chapeau Departemental (or in the case of Petite Salon, the Le Petite Chapeau will be used for Salon Histories) and it shall be either black & white or color, approximately 2 ½ x 3 1/2, but no larger than 3 x 5, not including the border.
8. Two (2) copies (at least) are to be made, the original to become the property of the retiring Chapeau Departemental and a copy to be placed in Departemental files.

### Required Contents

- A. Introductory page giving name of (Departemental) Salon and location, date, name of L'Archiviste and signature on right side of the page.
- B. Short preface or forward (CENTERED)
- C. Contents giving subject and page number.
- D. Prayer of your choice (CENTERED)
- E. Pledge of Allegiance to the Flag (CENTERED) (SINGLE SPACED)
- F. First and last stanza of Star Spangled Banner (CENTERED) (SINGLE SPACED)
- G. Flanders Field (CENTERED) (SINGLE SPACED)
- H. America's Answer (CENTERED) (SINGLE SPACED)
- I. Chapeau's Response (CENTERED) (SINGLE SPACED)

- J. List of Departemental Officers and Chairmen (No service record required).
- K. List of Distinguished Partners serving in Nationale Eight and Forty
- L. In Memoriam (Deceased Partners)
- M. A **narrative report** to include the following information of activities and programs (Do not include actual documents).
  - 1. Children & Youth
    - a) Tuberculosis
    - b) Cystic Fibrosis
    - c) Lung and other respiratory diseases
  - 2. Bulletin information (if applicable)
  - 3. Constitution & Bylaws information (if applicable)
  - 4. Fellowship (including any fund-raising activities)
  - 5. Meetings
  - 6. Partnership
  - 7. Scholarships
  - 8. Miscellaneous (awards, new Salons, etc., not covered in the above)
- N. Index Optional

The following are Rules for Judging

### **General Rules for Departemental Histoires Rules for Judging**

<b>Items of suggested contents A through L</b>	<b>15%</b>
Arrangement, Simplicity, Eye Appeal	
<b>Item M – Activities</b>	<b>50%</b>
Presentation, Readability, Comprehensiveness	
Sentence Construction, Grammar and Spelling	
<b>Uniformity and Appearance</b>	<b>35%</b>
Margins, Typing, Paper, Neatness	

Plain covers to be used with an Eight and Forty Emblem on the front.



**Departmental L' Aumonier Report**

**Departmental L'Aumonier:** Please compile reports of all Petit Salon and send to:  
Lisa Hoyland, 1115 61<sup>st</sup> St. s, Gulfport, FL 33707-3212, lhoyland277@gmail.com by July 15, 2025.

Deadline for prayers, inspirational thoughts, etc., for Le Chapeau Barbara's Book of Prayers is July 15, 2025.

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(Departmental L' Aumonier Name & Address)

1. Number of Petite Salons in Departmental \_\_\_\_\_ # Reporting: \_\_\_\_\_
2. Did you send material, information, and instructions to Salons? Yes \_\_\_\_ No \_\_\_\_
  - a) How did they make use of the information sent to them?  
\_\_\_\_\_
3. Number of cards sent: Get Well \_\_\_\_\_ Sympathy \_\_\_\_\_ Other \_\_\_\_\_
4. Number of cards sent by Petit Salons: Get Well \_\_\_\_\_ Sympathy \_\_\_\_\_ others \_\_\_\_\_
5. Did your Departmental Conduct Memorial Service for deceased partners? Yes \_\_\_\_ No \_\_\_\_  
Were the names of the deceased partners sent to the National L' Aumonier? Yes \_\_\_\_ No \_\_\_\_
6. How many Petit Salons conducts Memorial Services? \_\_\_\_\_
7. How many Petit Salons draped their Charters for deceased Partners? \_\_\_\_\_
7. Did Departmental prepare a Book of Prayers for your Chapeau? Yes \_\_\_\_ No \_\_\_\_
8. Number of Partners submitting prayers \_\_\_\_\_
9. How many Petit Salons prepared a Book of Prayers? \_\_\_\_\_
10. List deceased partners only for 2024-2025 who were holding a Departmental Office or those who were now or have ever held a National Office. Please give their title.

NAME	SALON#	TITLE

**Use another sheet of paper or back of this form to describe additional information and/or highlight all special activities.**

**DEPARTEMENTAL LEADERSHIP REPORT FOR 2024 – 2025**

PLEASE COMPLETE THIS ANNUAL REPORT AND MAIL TO THE NATIONAL LEADERSHIP CHAIRMAN: Floann Clark, 1502 Margaret, Peoria, IL 61604-2545. **Must be received by JULY 15, 2025.**

1. DEPARTEMENTAL NAME & NUMBER: \_\_\_\_\_

2. Name and address of Departemental Chairman: \_\_\_\_\_

3. How many Petit Salons are in your Departemental? \_\_\_\_\_ How many Petit Salons appointed a Leadership Chairman? \_\_\_\_\_ Number reporting \_\_\_\_\_

4. Was the material on Leadership helpful to you? Yes\_\_\_ No\_\_\_\_\_ Explain:

5. How many Petit Salons had Leadership Programs? \_\_\_\_\_

6. Did your Salon Departemental conduct a Leadership session this year? Yes \_\_\_\_\_ No \_\_\_\_\_

7. When did your Departemental hold its Leadership session? \_\_\_\_\_

8. Describe the Departemental Leadership workshop and explain the tools used to promote the Eight & Forty Leadership program.

9. Was there a mentoring program initiated? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Number of Petit Salons that had a mentoring program. \_\_\_\_\_

11. Is your Departemental submitting a narrative report of your Leadership Programs? Yes \_\_\_\_\_  
No\_\_\_\_\_

PLEASE ATTACH NARRATIVE.

## DEPARTEMENTAL NURSES SCHOLARSHIP REPORT

(Covering period from May 1, 2024, to April 30, 2025)

Departemental de \_\_\_\_\_ Number of Salons \_\_\_\_\_

Departemental Nurse's Scholarship Chairman \_\_\_\_\_

Address \_\_\_\_\_

Money Contributed to National Scholarship Program \_\_\_\_\_

1. Contributed from Departemental funds \$ \_\_\_\_\_
2. Contributions from individuals and Partners \$ \_\_\_\_\_
3. Memorial Donations \$ \_\_\_\_\_
4. Contributions from Petit Salons funds \$ \_\_\_\_\_
5. Contributions through Petit Salons from sources  
other than Eight and Forty \$ \_\_\_\_\_  
(Give details on the reverse side or a separate sheet.)
6. Number of memorial cards used \$ \_\_\_\_\_
7. Are contributions an increase over last year? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_
8. Did your Departemental contribute a full Scholarship of \$3,000.00? Yes \_\_\_\_\_  
No \_\_\_\_\_ How many? \_\_\_\_\_
9. Number of Nurses Scholarship brochures distributed by Petit Salons \_\_\_\_\_
10. Number of Petit Salons distributing brochures? \_\_\_\_\_

The total of items 1 - 5 should be the money sent to La Secretaire Nationale.

DEPARTEMENTAL CHAIRMAN-Please compile your report from Petit Salons reports and send a copy to your Divisional Nurses Scholarship Chairman and a copy to the National Nurses Scholarship Chairman Diane Spencer, 1849 B Chatsworth Dr., Lexington, KY 40505. Must be received by **July 15, 2025**.

REMINDER- all monies must be \*\*\*\*\*RECEIVED\*\*\*\*\* in National Headquarters by May 31, 2025, to count towards National Awards.

DEPARTEMENTAL PUBLIC RELATIONS REPORT  
(Covering period from May 1, 2024 to April 30, 2025)

Please complete and mail to Anna Conwell, 2005 Lebanon Rd., Crawford, IN. 47933-2144.  
Report must be received by July 15, 2025.

Departemental \_\_\_\_\_  
Publicity Chairman \_\_\_\_\_  
Address \_\_\_\_\_

Number of Salons in Departemental \_\_\_\_\_ No. Reporting \_\_\_\_\_  
Departemental Partnership Goal for 2025 \_\_\_\_\_

1. Number of Salons with publicity printed in: \_\_\_\_\_
2. Local Newspapers Number of inches \_\_\_\_\_ Number of articles published \_\_\_\_\_  
Specify type of publicity (check those that apply with number of articles)  
Salon activities \_\_\_\_\_ Children and Youth \_\_\_\_\_  
Nurses Scholarship \_\_\_\_\_ Others \_\_\_\_\_  
Number of pictures printed \_\_\_\_\_ Number of newspaper printing  
articles \_\_\_\_\_  
Number of Salons submitting articles that were printed \_\_\_\_\_
3. Number of programs on: Radio \_\_\_\_\_ Television \_\_\_\_\_ Minutes of broadcast  
time \_\_\_\_\_ Radio \_\_\_\_\_ Television \_\_\_\_\_
4. Number of Salons sending bulletin or newsletter \_\_\_\_\_ Number sent \_\_\_\_\_  
Monthly \_\_\_\_\_ Bi-monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Occasionally \_\_\_\_\_
5. Did your Salon use any social media to publicize your events? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what was used? Website \_\_\_\_\_ Facebook \_\_\_\_\_ Twitter \_\_\_\_\_  
Email \_\_\_\_\_ Other \_\_\_\_\_
6. How many Salons placed pamphlets about National Jewish Home, The American Legion  
Child Welfare Foundation or Nurses Scholarships in clinics or hospital waiting rooms?  
\_\_\_\_\_ How many were placed? \_\_\_\_\_
7. How many partners spoke before other organizations about Eight and Forty programs? \_\_\_\_\_
8. Does your Departemental print a publication or newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many articles were submitted by Salons? \_\_\_\_\_ (Articles from Departemental  
Officers and Chairman should not be counted)
9. Number of Letters of Appreciation or Citations of Recognition presented to the news  
Media \_\_\_\_\_
10. Number of Petit Salons compiling a Publicity Book \_\_\_\_\_ Number entered for  
Departemental competition.
11. Did you contact or email the National Public Relations Chairman? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you compiling a Departemental Publicity Book? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, are you submitting it for national competition by mailing your book to Le Demi  
Chapeau of your respective Division by July 1, 2025? Yes \_\_\_\_\_ No \_\_\_\_\_

Winning entry must be received by National Chairman by July 15, 2025. Only those entries that  
have return postage attached will be returned.

## DEPARTEMENTAL RITUAL AND EMBLEM REPORT

Departmental Name and Number \_\_\_\_\_

Departmental Ritual & Emblem Chairman \_\_\_\_\_

Chairman Address \_\_\_\_\_

Chairman Phone Number \_\_\_\_\_

Number of Salons in Departmental \_\_\_\_\_ Number Reporting \_\_\_\_\_

Departmental Partnership Goal \_\_\_\_\_

Composite report will be compiled by Departmental Chairman from Petit Salon Reports and forwarded to National Ritual & Emblem Chairman Sharon McClain, 1322 Forest Glen Dr., Cuyahoga Falls, OH 44221-4846. Reports must be received no later than JULY 15, 2025.

1. How many Salons encourage wearing White or Red and White to their meetings?  
\_\_\_\_\_
2. How many Partners wear the Eight and Forty Lug to all meetings? \_\_\_\_\_
3. How many Partners practice the handclasp and use the password at their meetings?  
\_\_\_\_\_
4. How many Petit Salons display the Colors at each meeting? \_\_\_\_\_
5. How many Salons repeat the Obligation at the close of each meeting? \_\_\_\_\_
6. How many Salons use the Ritual at each meeting? \_\_\_\_\_
7. How many Salons have a copy of the Ritual? \_\_\_\_\_
8. How many Petit Salons ordered New Colors? \_\_\_\_\_
9. How many Petit Salons use the White Room for their installations? \_\_\_\_\_

## PETIT CHAPEAU ANNUAL REPORT

To be compiled and forwarded to Chapeau Departemental by June 15, 2025 (unless your Departemental has designated another).

Your name: \_\_\_\_\_ Salon: \_\_\_\_\_  
Address: \_\_\_\_\_

Partnership Goal: \_\_\_\_\_ Current # of Partners: \_\_\_\_\_ Percent of Goal: \_\_\_\_\_

How many Partners of your Salon attended your last Departemental Marche? \_\_\_\_\_

Was Leadership given at Salon meetings? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Number of New Partners: \_\_\_\_; Did your salon assign a mentor to New Partners? Yes: \_\_ No: \_\_;

Did your salon hold an initiation for New Partners? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did you submit a Salon Histoire? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did your salon receive communications from Departmental? Yes: \_\_ No: \_\_ Format: \_\_\_\_\_

If so, was it informative? Yes: \_\_ No: \_\_ Did you submit a Chapeau's Communication Book?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Number of guests entertained by Petit Salon: \_\_\_\_\_. List who and titles on separate sheet.

How many Hospital and/or Clinics treating children with Respiratory Diseases are there in your area? \_\_\_\_\_ (List names on back). How many did your salon support? \_\_\_\_\_

Contributions: Volunteer Hours: \_\_\_\_\_ Dollars: \_\_\_\_\_ Other: \_\_\_\_\_

Does your area have an Asthma Camp? \_\_\_\_\_ If so, how much do you contribute to it:

Money: \_\_\_\_\_ Hours: \_\_\_\_\_ Items: \_\_\_\_\_ Other: \_\_\_\_\_

How many Partners contact and work with:

Lung and Respiratory Association - # Partners: \_\_\_\_\_ Hours: \_\_\_\_ Dollars: \_\_\_\_\_

Cystic Fibrosis Association - # Partners: \_\_\_\_\_ Hours: \_\_\_\_ Dollars: \_\_\_\_\_

Dollar amount given for Christmas Seals: \_\_\_\_\_ American Lung Association Seals: \_\_\_\_\_

Number of children Aided with respiratory diseases: \_\_\_\_\_ Money: \_\_\_\_ Hours: \_\_\_\_ Number

of Families: \_\_\_\_ Additional contributions or hours volunteered: Money: \_\_\_\_\_ Hours: \_\_\_\_

Did your Petit Salon sponsor a child? Yes: \_\_\_\_\_ No: \_\_\_\_\_ How many? \_\_\_\_\_

Amount, hours, items contributed to: All Partners Project: Money: \_\_\_\_\_ Hours: \_\_\_\_\_

Items: \_\_\_\_\_ Cost of Items: \_\_\_\_\_; Nurses Scholarship: Money: \_\_\_\_\_ ;

ALCWF: Money: \_\_\_\_\_

Did you let the people around you know what the Eight and Forty is about and all the wonderful things we do for Children with Lung Diseases? If so, tell about it on the back of this sheet or separate one.

Did you have a Special Chapeau's Project this year? If so please tell about it on the back of this sheet or separate sheet.

# PETIT SALON CHILDREN AND YOUTH REPORT

Covering period from June 1, 2024 to May 31, 2025

## PETIT SALON CHILDREN AND YOUTH CHAIRMAN:

Mail one (1) copy to Departmental Chairman to be received by June 15, 2025 (unless your Departmental has designated another).

Keep one (1) copy for Petit Salon files

**This Report includes Petit Salon Contributions and Activities Only, do not include Departmental Assessments.**

Name and Number of Petit Salon \_\_\_\_\_ Departmental \_\_\_\_\_

Name and Address of Petit Chairman: \_\_\_\_\_

2025 Departmental Partnership Goal \_\_\_\_\_ Partnership Paid to Date \_\_\_\_\_

### DIRECT AID:

Local donations to local hospitals, organizations, patients, and camps

- a) Cystic Fibrosis \$ \_\_\_\_\_
- b) Asthma (to include Better Breathing, etc.) \$ \_\_\_\_\_
- c) TB and Other respiratory diseases \$ \_\_\_\_\_
- d) Local Hospital, Families \$ \_\_\_\_\_
- e) Campships (designate CF or Asthma) \$ \_\_\_\_\_

### AMERICAN LUNG ASSOCIATION EASTER & CHRISTMAS SEALS

- a) Purchased by Salon \$ \_\_\_\_\_
- b) Purchased by Partners \$ \_\_\_\_\_

### RESEARCH: Donations by Salon or Partners

- a) Cystic Fibrosis \$ \_\_\_\_\_
- b) Asthma \$ \_\_\_\_\_
- c) TB and other respiratory diseases \$ \_\_\_\_\_

### NATIONAL JEWISH HEALTH:

- a) Pediatric Fund \$ \_\_\_\_\_
- b) Recreation Fund \$ \_\_\_\_\_
- c) Shower of Checks \$ \_\_\_\_\_
- d) Ditty Bags \$ \_\_\_\_\_

### CHILD WELL-BEING FOUNDATION

### EIGHT AND FORTY FOUNDATION

- a) All Partners Scholarship Fund \$ \_\_\_\_\_

### TOTAL OF ALL CONTRIBUTIONS

\$ \_\_\_\_\_

### VOLUNTEER HOURS (Include Transportation time)

- a) Hours spent in homes, hospitals, clinics, camps, etc \_\_\_\_\_
- b) Hours for clerical assistance \_\_\_\_\_

### TOTAL VOLUNTEER HOURS

\_\_\_\_\_

Number of children adopted locally \_\_\_\_\_ ( You may count 80 children at NJH if you made any contributions of any amount, **ONE TIME** only.)

Did your Salon participate in the CWF 100% per capita program? \_\_\_\_\_

## PETIT SALON CONSTITUTION AND BYLAWS REPORT

Each Petit Salon Constitution and Bylaws Chairman shall send a report to their Departmental Constitution and Bylaws Chairman by **June 15, 2025**.

### PETIT SALON INFORMATION

1. Does your Petit Salon have adopted Constitution and Bylaws? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Was your Petit Salon Constitution and Bylaws approved by your Departmental Constitution and Bylaws Chairman? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does your Petit Salon have a copy of your Constitution and Bylaws for each Partner? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is there a copy of your Petit Constitution and Bylaws filed with your Secretaire Departementale? Yes \_\_\_ No \_\_\_ L'Avocate? Yes \_\_\_\_\_ No \_\_\_\_\_ Departmental Chairman? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Was your name and address sent to your Departmental Constitution and Bylaws Chairman? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, When? \_\_\_\_\_
6. If your Petit Salon does not have Petit Salon Constitution and Bylaws, do you plan to prepare one this year? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does your Salon have an up-to-date Departmental Constitution and Bylaws on hand to follow? Yes \_\_\_\_\_ No \_\_\_\_\_ An up-to-date National Constitution and Bylaws on hand? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Is your Salon suggesting a revision or amendment to your Departmental Constitution and Bylaws? Yes \_\_\_\_\_ No \_\_\_\_\_
9. The date that your Petit Constitution and Bylaws were last revised? \_\_\_\_\_
10. Has your Petit Salon reviewed its Standing Rules this past year? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Have you revised or added Standing Rules this past year? Yes \_\_\_\_\_ No \_\_\_\_\_
12. If so, do they comply with your Departmental and Nationale? Yes \_\_\_\_\_ No \_\_\_\_\_

**SPECIAL NOTE:** Please attach any comments to assist and improve this program's importance, which is vital to the success of our Eight and Forty.

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Petit Salon Constitution and Bylaws Chairman

Petit Salon Name and Number \_\_\_\_\_ Departmental \_\_\_\_\_

Petit Constitution and Bylaws Chairman, mail this report to the Departmental Constitution and Bylaws Chairman by June 15, 2025 (unless your Departmental has designated another).



**PETIT SALON LA CONCIERGE REPORT**

Departemental \_\_\_\_\_ Petit Salon No. \_\_\_\_\_ Goal \_\_\_\_\_

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Petit Salon Chairman, Address \_\_\_\_\_

1. Did you receive material, information, or instructions from your Departemental?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did you make use of information sent to you? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain. (may use other side)
3. Did you send for any comic books, Flag etiquette pamphlets or other resources?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - a) Other resources: From? \_\_\_\_\_ What? \_\_\_\_\_  
How many? \_\_\_\_\_ (may use other side)
  - b) Who did you distribute them to? \_\_\_\_\_
4. How many Partners read to children about the Flag?  
Own children? \_\_\_\_\_ Grandchildren? \_\_\_\_\_ School Children? \_\_\_\_\_
5. Number of certificates given for flying/displaying the American Flag properly? \_\_\_\_\_
6. Number of Flags distributed? \_\_\_\_\_
7. Were Partners instructed on?
  - a) Proper presentation of the Flag? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) Proper salute to the Flag? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) Proper salute when the Flag is displayed and National Anthem sung? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Does the Salon have colors (3X5 flag & 8-40 banner) to be advanced? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Does you Salon have a table or desk set of colors? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Are Salon meetings opened according to the ritual? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Is the National Anthem sung at Salon meetings? Yes \_\_\_\_\_ No \_\_\_\_\_ Other Patriotic Songs? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Number of Partners participating in parades or patriotic ceremonies? \_\_\_\_\_
13. Average number of Partners who attend Salon meetings? \_\_\_\_\_  
Average number of Partners who attend Departemental meetings? \_\_\_\_\_
14. How did the Salon educate our Special Children about the Flag of our Country?

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Use another sheet of paper or the back of this form to describe additional information and/or highlight all special activities.

Report is due to your Departemental La Concierge by June 15, 2025 (unless your Departemental has designated another).

## PETIT SALON L'ARCHIVISTE REPORT

PETIT SALON L'ARCHIVISTE: Please have this report to your L'Archiviste Departementale no later than **June 15, 2025** (unless your Departemental has designated another).

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Name of Salon \_\_\_\_\_ Number \_\_\_\_\_

Date Organized \_\_\_\_\_

Partnership Goal \_\_\_\_\_ Renewals \_\_\_\_\_ New Partners \_\_\_\_\_ Total \_\_\_\_\_  
% of goal \_\_\_\_\_

Did you submit a Histoire for Departemental judging? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you submit a personal Histoire of yourself to L'Archiviste Nationale? Yes \_\_\_\_\_ No \_\_\_\_\_

### 2024-2025 PETIT SALON OFFICERS

CHAPEAU \_\_\_\_\_

LE DEMI CHAPEAU PREMIERE \_\_\_\_\_

LE DEMI DEUXIEME \_\_\_\_\_

L'ARCHIVISTE \_\_\_\_\_

L'AUMONIER \_\_\_\_\_

LA SECRETAIRE \_\_\_\_\_

LA CAISSIERE \_\_\_\_\_

LA CONCIERGE \_\_\_\_\_

L'AVOCATE \_\_\_\_\_

NATIONAL POUVOIR MEMBER \_\_\_\_\_

Names of Partners who are Officers or Chairmen, either National or Departemental in the Eight and Forty.

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

(USE SEPARATE SHEET IF NECESSARY)

Please include a narrative about the activities of your Petit Salon, to include special projects, camps, scholarships, etc. Also include Fellowship and Fun programs.

## PETIT SALON - L'AUMONIER REPORT

L'Aumonier Departemental - NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Petit Salon complete and mail to L'Aumonier Departemental by June 15, 2025 (unless your Departemental has designated another).

**Prayers and Inspirational Messages to Nationale should be received by July 15, 2025.**

Petit Salon Name \_\_\_\_\_ Number \_\_\_\_\_ Departemental \_\_\_\_\_  
Le Petit Salon L'Aumonier Name \_\_\_\_\_  
Address \_\_\_\_\_

1. Number of Partners in your Petit Salon \_\_\_\_\_.
2. Does your Petit Salon send cards during the year? Yes\_\_\_ No\_\_\_\_  
How many – Get Well \_\_\_\_\_ Sympathy \_\_\_\_\_ Thinking of you \_\_\_\_\_  
Other \_\_\_\_\_
3. Did your Petit Salon conduct a Memorial Service for deceased Partners? Yes\_\_\_\_  
No\_\_\_\_\_
4. Did your Petit Salon drape the Charter for deceased Partners? Yes\_\_\_\_ No\_\_\_\_
5. Did your Petit Salon prepare a Book of Prayers for the Petit Chapeau? Yes\_\_\_\_  
No\_\_\_\_\_
6. Number of Partners submitting prayers and inspirational message for Prayer Book  
for Le Chapeau National \_\_\_\_\_
7. Describe other activities you may have initiated as Petit Salon L'Aumonier  
\_\_\_\_\_  
\_\_\_\_\_
8. Were you sent material, information or instruction by Departmental L'Aumonier:  
Yes\_\_\_ No\_\_\_\_\_ If yes, how did you use the information or  
instruction \_\_\_\_\_

List only those deceased Partners for 2024-2025. Please give their title.

NAME	SALON	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPECIAL NOTE.** If a Partner should pass away after the Annual Report is mailed and before July 15, 2025, please send notification to the **NATIONAL L'AUMONIER** Lisa Hoyland, 1115 61<sup>st</sup> St. s, Gulfport, FL 33707-3212, lhoyland277@gmail.com by July 15, 2025, immediately so that the name can be included in the Memorial Roster at National La Marche.

**PETIT SALON LEADERSHIP REPORT  
FOR 2024 – 2025**

PLEASE COMPLETE THIS ANNUAL REPORT AND MAIL TO THE DEPARTEMENTAL LEADERSHIP CHAIRMAN by June 15, 2025 (unless your Departemental has designated another).

1. Salon Number & Name \_\_\_\_\_

2. **NAME AND ADDRESS OF PETIT SALON LEADERSHIP CHAIRMAN:**

3. Did you receive any material on Leadership from your Departemental or National?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, was it useful? \_\_\_\_\_ Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did you conduct any leadership sessions in your Salon? Yes \_\_\_\_\_ No \_\_\_\_\_

How many? \_\_\_\_\_

5. Describe some of the programs or items that were covered

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did the subjects discussed help your partners understand more about our Eight and Forty? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Did you participate in a Leadership Session at your Departemental Pouvoir or La Marche? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Did your Salon initiate a mentoring program? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Is your Salon submitting a narrative report of Leadership programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE ATTACH NARRATIVE.

**PETIT SALON NURSES SCHOLARSHIP REPORT**

(Covering period from May 1, 2024, to April 30, 2025)

(Project if necessary)

PETIT SALON CHAIRMAN: Complete and send one copy to your Departmental Nurses Scholarship Chairman by June 15, 2025 (unless your Departmental designates another). Keep a copy for Salon files.

Petit Salon No. \_\_\_\_\_ Departmental de \_\_\_\_\_

Petit Salon Chairman Name \_\_\_\_\_

Address \_\_\_\_\_

**FUNDS CONTRIBUTED TO THE NATIONAL SCHOLARSHIP PROGRAM**

- 1. Contributions from Petit Salons budgeted \$ \_\_\_\_\_
- 2. Contributions from individuals and partners \$ \_\_\_\_\_
- 3. Contributions through Petit Salon from sources other than Eight & Forty (Give details on the reverse side or a separate Sheet) \$ \_\_\_\_\_
- 4. Memorial Donations \$ \_\_\_\_\_
- 5. Number of Memorial cards used \$ \_\_\_\_\_
- 6. Number of Nurses Scholarship brochures distributed \_\_\_\_\_
- 7. Contributions from individual Partners (value of items donated by Partners to help raise funds, i.e. postage, items for auction, etc.) Itemize on the reverse side or a separate sheet. \$ \_\_\_\_\_

NOTE: #1-4 total must equal the monies sent to your Departmental.

Please report the details of your fundraising activities on the reverse side or in your supplemental report.

NOTE: All monies must be in your Departmental by May 15, 2025, so they can be mailed to National. Monies must be received at National by May 31, 2025, to count towards awards.

**PETIT SALON CHAIRMAN: PLEASE MAIL THE REPORT TO YOUR DEPARTEMENTAL CHAIRMAN**

**PETIT SALON PUBLIC RELATIONS REPORT**  
(Covering period from May 1, 2024 to April 30, 2025)

Please complete and mail in time to reach Departemental Public Relations Chairman on or before June 15, 2025 (unless your Departemental designates earlier).

Departemental Chairman Name \_\_\_\_\_  
Address \_\_\_\_\_  
Petit Salon No. \_\_\_\_\_ Location \_\_\_\_\_  
Petit Salon Chairman Name \_\_\_\_\_  
Address \_\_\_\_\_

1. Petit Salon Partnership Goal for 2025 \_\_\_\_\_
2. Did your Salon have publicity printed in newspaper? Yes \_\_\_\_\_ No \_\_\_\_\_  
Give total number of inches published \_\_\_\_\_  
(Measure width of column and multiply by length, including pictures)  
How many articles were published? \_\_\_\_\_ Specify type of publicity (check those that apply with number of articles) Salon activities \_\_\_\_\_ Nurses Scholarship \_\_\_\_\_  
Children and Youth \_\_\_\_\_ Others \_\_\_\_\_ Did your Salon submit articles that were not printed? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Total number of programs on: Radio \_\_\_\_\_ Television \_\_\_\_\_  
Total number of minutes of broadcast time: Radio \_\_\_\_\_ Television \_\_\_\_\_
4. Did your Salon send a bulletin or newsletter to Partners? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, was it sent: Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Bi-monthly \_\_\_\_\_ Occasionally \_\_\_\_\_
5. Did your Salon use any social media to publicize your events? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what was used?  
Website \_\_\_\_\_ Facebook \_\_\_\_\_ Twitter \_\_\_\_\_ Email \_\_\_\_\_ Other \_\_\_\_\_
6. Did your Salon place pamphlets about National Jewish Health, The American Legion Child Welfare Foundation or Nurses Scholarships in any clinic or hospital waiting rooms?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Did any of your Partners speak before other organizations about Eight and Forty programs?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many Partners? \_\_\_\_\_ Total Speeches given? \_\_\_\_\_
8. Did your Salon receive a Departemental Publication or Newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, how many articles did your Salon submit? \_\_\_\_\_ (Articles from Departemental Officers and Chairman who are Partners in your Salon should not be counted.)
9. Did you send a Letter of Appreciation or present a Citation of Recognition to the any news media? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_
10. Are you compiling a Petit Salon Publicity Book? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you entering it in Departemental competition? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you submitted two (2) copies of your publicity articles, including name and date of publication for each article to your Departemental Chairman? Yes \_\_\_\_\_ No \_\_\_\_\_

Winning articles must be received by Departemental Chairman by June 15, 2025 (unless your Departemental designates earlier). Only those entries that have return postage attached will be returned.

**PETIT SALON RITUAL AND EMBLEM REPORT**  
**2024 – 2025**

Salon Name \_\_\_\_\_ Number \_\_\_\_\_

Departmental Name and Number \_\_\_\_\_

Petit Salon Ritual and Emblem Chairman \_\_\_\_\_

2025 Petit Salon Partnership Goal? \_\_\_\_\_

TWO (2) copies to be completed by EACH Petit Salon Ritual and Emblem Chairman and ONE (1) copy to be sent to the Departmental Ritual and Emblem Chairman by June 15, 2025 (unless your Departmental designates another) and the SECOND copy placed in Petit Salon files.

1. Are all Partners encouraged to wear **White or Red and White** to their meetings?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do all Partners wear the Eight and Forty Lug to all meetings? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do Partners practice the handclasp and use the Password at all Petit Salon meetings?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are the Eight and Forty Colors displayed at all Eight and Forty meetings? Yes \_\_\_ No \_\_\_
5. Is the Obligation given at the close of each Petit Salon meeting? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is the Eight and Forty Ritual used at Petit Salon meetings? Yes \_\_\_\_\_ No \_\_\_\_\_
7. How many Petit Salon Partners have a copy of the Ritual? \_\_\_\_\_
8. Did your Petit Salon order New Colors this year? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you use the White Room Initiation when you have your Installation Ceremony each year? Yes \_\_\_\_\_ No \_\_\_\_\_