

**Addendum ~A~**  
**Chapter Touring Award Report**

Name of Chapter \_\_\_\_\_

Chapter Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of chapter mileage administrator \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Please Total Monthly Mileage Driven by Chapter (must be MAFCA members)

Jan \_\_\_\_\_ May \_\_\_\_\_ Sep \_\_\_\_\_

Feb \_\_\_\_\_ June \_\_\_\_\_ Oct \_\_\_\_\_

Mar \_\_\_\_\_ July \_\_\_\_\_ Nov \_\_\_\_\_

Apr \_\_\_\_\_ Aug \_\_\_\_\_ Dec \_\_\_\_\_

Total Annual Mileage \_\_\_\_\_

Number of MAFCA members participating in program \_\_\_\_\_

Number of awards needed \_\_\_\_\_

Please complete the qualifying formula

Total number of all families in chapter? \_\_\_\_\_

Multiply the above by 800 (required miles) \_\_\_\_\_ x 800

Total miles need to have been driven by chapter \_\_\_\_\_

Send completed report to: or email to [chapters@mafca.com](mailto:chapters@mafca.com)

MAFCA Touring Awards

250 S. Cypress Street

La Habra, CA 90631-5586