CHAPT	FR	

## **OXFORD HOUSE ACTIVITY REPORT**

DATE	/	/20
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HOUSE NAME	PRESIDENT	MEETING TIME	BEDS			ARR	IVALS	DEPARTURES				WS DON
	-		Total	Filled	Vacant	Apps	Accepted	Voluntary	Relapse	Other	Total	
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		TOTALS										\$

Completed forms need to go to outreach rep.