

NATIONAL LA BOUTIQUE

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

RE: 2025 – 2026 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 Departmental 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 Departmental Report for L'Aumonier, L'Archiviste and La Concierge. **Three (3)** copies for Le Chapeau.
(White Paper)

DEPARTEMENTAL CHAIRMEN: **Two (2)** copies each of Departmental 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 Departmental by Departmental 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: Doris Ann Werlinger, 4295 Sturgis Rd., Rapid City, SD 57702-0310, one copy
to Le Demi Chapeau National Luella Buske, 904 N. Van Buren, Litchfield, IL 62056-1555 and one copy
to the Le Demi Chapeau of your Division. **MUST BE RECEIVED BY July 15, 2026**

DEPARTEMENTAL CHILDREN AND YOUTH REPORT

Covering period from June 1, 2025, to May 31, 2026

DEPARTEMENTAL CHILDREN AND YOUTH CHAIRMAN:

Mail one (1) copy to respective Divisional Chairman by **July 15, 2026**

Mail one (1) copy to National Children and Youth Chairman to be received by

July 15, 2026 – Debra Albers, 1759 Road 5200, Davenport, NE 68335-3052, dalbers727@gmail.com

Name and number of Salon Departemental _____

Number of Petit Salons in your Departemental _____

Petit Salons reporting _____ Percentage reporting _____

2026 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 2026 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, 2026.

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, 2026, to National Constitution and Bylaws Chairman
Denise Bossetti, 1718 Courtney Lane, Huron, OH 44839-2291, dboss1718@gmail.com**

DEPARTEMENTAL La CONCIERGE REPORT

(Due by July 15, 2026)

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 handouts such as flag etiquette or proper handling ? _____
Please list the handouts.
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 Nationale ? _____
11. Did you submit any flag photo's to the La Concierge Nationale? _____

Thank you for Serving as Departemental La Concierge

Karen Peel

2216 25th Street SW

Akron, OH 44314-2202

kpeel6449@gmail.com

DEPARTEMENTALE L'ARCHIVISTE REPORT 2025 - 2026

L'Archiviste Departemental is requested to compile this report.

Send report form to L'Archiviste Nationale Lisa Hoyland, 1115 61st St. s, Gulfport, FL 33707-3212, lhoyland277@gmail.com must be received no later than **July 15, 2026.**

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 2025 – 2026 Histoire shall begin JUNE 1, 2025 and end MAY 31, 2026.

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 _____

2025– 2026 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 1st**.
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 1st.**
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

Items of suggested contents A through L	15%
Arrangement, Simplicity, Eye Appeal	
Item M – Activities	50%
Presentation, Readability, Comprehensiveness	
Sentence Construction, Grammar and Spelling	
Uniformity and Appearance	35%
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: Patricia Mann, 103 Maple Terrace, Syracuse, NY 13210-4451, babyelephant1945@gmail.com by July 15, 2026.

Deadline for prayers, inspirational thoughts, etc., for Le Chapeau Doris Ann's Book of Prayers is July 15, 2026.

(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 2025-2026 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 NURSES SCHOLARSHIP REPORT

Covering period from June 1, 2025 to May 31, 2026

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 \$2,500.00? 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 Sharon McClain, 1334 Forest Glen Drive., Cuyahoga Falls, OH 44221-4846, sharon082231@yahoo.com.

Must be received by **July 15, 2026**.

REMINDER- all monies must be *****RECEIVED***** in National Headquarters by May 31, 2026, to count towards National Awards.

DEPARTEMENTAL PUBLIC RELATIONS REPORT
(Covering period from June 1, 2025 to May 31, 2026)

Please complete and mail to Kim Estes, 4647 E County Road 850 S., Mooresville, IN 46158-7407, kimestes77@yahoo.com. Report must be received by July 15, 2026.

Departemental _____
Publicity Chairman _____
Address _____

Number of Salons in Departemental _____ No. Reporting _____
Departemental Partnership Goal for 2026 _____

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, 2026? Yes _____ No _____

Winning entry must be received by National Chairman by July 15, 2026. 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 Linda Sullivan, 917 W Sunrise Dr., Wichita, KS 67217-5339, sullypsy@yahoo.com. Reports must be received no later than JULY 15, 2026.

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? _____

DEPARTEMENTAL LEADERSHIP REPORT FOR 2025 – 2026

PLEASE COMPLETE THIS ANNUAL REPORT AND MAIL TO THE NATIONAL LEADERSHIP CHAIRMAN: Linda Varejcka, 450 Conestoga Ave, Hickman, NE 68372-9783, jfvarejcka@windstream.net. **Must be received by JULY 15, 2026.**

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.

PETIT CHAPEAU ANNUAL REPORT

To be compiled and forwarded to Chapeau Departemental by June 15, 2026 (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, 2025 to May 31, 2026

PETIT SALON CHILDREN AND YOUTH CHAIRMAN:

Mail one (1) copy to Departmental Chairman to be received by June 15, 2026 (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: _____

2026 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, 2026**.

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.

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 _____

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?

15. Did you submit any flag photo's to the La Concierge Nationale? _____

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, 2026 (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, 2026** (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 _____

2025-2026 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, 2026 (unless your Departemental has designated another).

Prayers and Inspirational Messages to Nationale should be received by July 15, 2026.

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 2025-2026. 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, 2026, please send notification to the **NATIONAL L'AUMONIER** Patricia Mann, 103 Maple Terrace, Syracuse, NY 13210-4451, babyelephant1945@gmail.com by July 15, 2026, immediately so that the name can be included in the Memorial Roster at National La Marche.

**PETIT SALON LEADERSHIP REPORT
FOR 2025 – 2026**

PLEASE COMPLETE THIS ANNUAL REPORT AND MAIL TO THE DEPARTEMENTAL LEADERSHIP CHAIRMAN by June 15, 2026 (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 June 1, 2025 to May 31, 2026

(Project if necessary)

PETIT SALON CHAIRMAN: Complete and send one copy to your Departmental Nurses Scholarship Chairman by June 15, 2026 (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, 2026, so they can be mailed to National. Monies must be received at National by May 31, 2026, to count towards awards.

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

PETIT SALON PUBLIC RELATIONS REPORT

(Covering period from June 1, 2025 to May 31, 2026)

Please complete and mail in time to reach Departemental Public Relations Chairman on or before June 15, 2026 (unless your Departemental designates earlier).

Departemental Chairman Name _____

Address _____

Petit Salon No. _____ Location _____

Petit Salon Chairman Name _____

Address _____

1. Petit Salon Partnership Goal for 2026 _____
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, 2026 (unless your Departemental designates earlier). Only those entries that have return postage attached will be returned.

PETIT SALON RITUAL AND EMBLEM REPORT
2025 – 2026

Salon Name _____ Number _____

Departmental Name and Number _____

Petit Salon Ritual and Emblem Chairman _____

2026 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, 2026 (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 _____