American Legion Auxiliary
Department of California
Children & Youth Mid Year Report.

DISTRICT MID YEAR REPORT

District # _____ No. of Units _____ No. of Units Reporting _____

Chairman Name: _____
Chairman Address: _____
Chairman Phone: _____

Briefly describe what the Units in your District have done to support and Promote the Children & Youth Program:

_____
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_____

Youth Hero Nominations: Yes☐ No☐ How Many _____
Good Deed Award Nominations: Yes☐ No ☐ How Many _____

Report Due to Department Chairman no later than December 15st, 2016.
Kathie Martinez, 206 W. Regent St, Inglewood, CA 90301.
Kathie_Martinez@genpt.com