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

UNIT MID YEAR REPORT

Unit Name _____ *Unit # _____ District #_____*

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

Briefly describe what your Unit has done in the Children & Youth Program:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

Please send repot to you District Chairman no later than December 1st, 2016