

*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:

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Youth Hero Nominations: Yes  No  How Many \_\_\_\_\_

Good Deed Award Nominations: Yes  No  How Many \_\_\_\_\_

**Please send report to your District Chairman no later than December 1st, 2017**