



American Legion Auxiliary
Department of California

Children & Youth

DISTRICT YEAR END REPORT

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

Chairman Name: _____

Chairman Address: _____

Chairman Phone: _____

No. of Children served (Military & Non Military) _____

Total volunteers: Unit ____ Post ____ S.A.L ____ Riders _____

Total Volunteer Hours: Unit ____ Post ____ S.A.L ____ Riders _____

Total Money Spent: Unit ____ Post ____ S.A.L ____ Riders _____

Value of In-Kind Donations: Unit ____ Post ____ S.A.L ____ Riders _____

Please attach your supplemental report to describe what the Units in your District have done to Support and Promote the Children & Youth Program:

District Total Nominations:

Youth Hero: Total Units Nominating _____ Total Nominations _____

Good Deed Nominations: Total Units Nominating _____ Total Nominations _____

DEADLINE TO DEPARTMENT - May 1, 2018
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