## The American Legion Department of Wisconsin Children & Youth Post Narrative Report Form

Post Name:		Post No:	District No:	
Present Membership: Address:				
City:		State:	Zip:	
Date:	Signatu	re:		
1.	Did your Post file a Consolidated Post Report form? Yes No			
2.	Did your Post participate in any of the following National Children & Youth Program objectives?			
	Family Emphasis (National Family Week)	Pre	nild Safety (Drug Abuse evention, Youth Suicide evention, etc.)	
	Children's Miracle Network	Ha	lloween Safety	
	Missing Children	Aţ	oril is Children & Youth Month	
	Temporary Financial Assistan	ce Fa	mily Support Network	
	Special Olympics	O <sub>I</sub>	peration Military Kids	
3.	Estimate the number of volunteer service hours provided by the membership of your Post for the children and youth in your community hours			
4.	Please estimate the amount of money your Post has expended for administrative expenses for Children & Youth overhead. (Postage, printing, conferences, travel, salaries, etc).			

5. Use the remaining space on this sheet to describe, in detail, specific Children & Youth activities promoted by your Post. (Please attach supporting articles, photos, letters, etc..) This section of the narrative is most important to your Department Children & Youth Committee in determining various awards.

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ACTIVITIES	<b># OF HOURS</b>

Please submit to Department Headquarters by June 1<sup>st</sup> of each year.