THE AMERICAN LEGION Department of Pennsylvania

CHILDREN & YOUTH NARRATIVE REPORT (Activity must cover period May 1, 2012 through April 30, 2013)

IMPORTANT: CHILDREN & YOUTH AWARDS WILL BE BASED ON THE INFORMATION PROVIDED ON OR ATTACHED TO THIS REPORT FORM

ATTACHED TO THIS KEI	OKI TOKW.				
POST NAME			POST NO		
ADDRESS					
CITY/STATE/ZIP					
DISTRICTSECTIONME			MBERSHIP CLASS		
MAIL TO:THE	AMERICAN LEGION, PO	BOX 2324, I	HARRISBURG,	PA 17105 <i>-</i> 232	24
	DEADLINE:	MAY 25, 2	2013		
(A) DID YOUR POST I	FILE A CONSOLIDATED I	POST REPOI	RT FORM?	YES	NO
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DD O CD AM	DID YOUR POST HAVE		ED NUMBER	COST TA	2 DOCT
PROGRAM	THIS PROGRAM (YES OR NO)	OF CHILD	REN SERVED	COST TO	J POS1
MISSING CHILDREN	(120 01110)				
SUICIDE PREVENTION					
DRUG AND ALCOHOL					
ABUSE PROGRAM					
HALLOWEEN SAFETY					
CHILD SAFETY					
TEMPORARY					
FINANCIAL ASSISTANCE					
APRIL IS CHILDREN & YOUTH MONTH					
IMMUNIZATION					
PROJECT					
OTHER (Describe on					
reverse)					
Signature Title		e	Date		
			FOR COMMI	TTEE USE O	NLY:
			Additional Information?		

Total Points