

_____ DISTRICT
DISTRICT COMMANDER/DISTRICT DEPUTY COMMANDER
SQUADRON VISITATION REPORT

SQUADRON NAME & NUMBER _____

CONTACT MADE WITH (Cmdr., Adj., etc.) _____

FUNCTION AT TIME OF VISIT (mtg., social event, general, etc.) _____

PLEASE PROVIDE A COMPLETE ANSWER FOR THE FOLLOWING QUESTIONS:

SQUADRON MEMBERSHIP STATUS _____

AREA SCHOOL(S) SQUADRON/POST IS RESPONSIBLE FOR _____

***IS THE SQUADRON/POST PARTICIPATING IN ANY OF THE FOLLOWING AMERICAN LEGION
PROGRAMS?
(Circle one)***

BLOOD DONOR	YES	NO
-------------	-----	----

CHILDREN & YOUTH	YES	NO
------------------	-----	----

ESSAY	YES	NO
-------	-----	----

KEYSTONE BOYS STATE	YES	NO
---------------------	-----	----

ORATORICAL	YES	NO
------------	-----	----

POPPY	YES	NO
-------	-----	----

SCHOOL ACHIEVEMENT AWARDS	YES	NO
---------------------------	-----	----

STATE POLICE YOUTH WEEK	YES	NO
-------------------------	-----	----

DID YOU PROVIDE ANY SPECIFIC GUIDANCE OR SUPPORT DURING YOUR VISIT? _____

REMARKS/OBSERVATIONS _____

REPORT SUBMITTED BY: _____

(District Commander/District Deputy Commander)