

THE AMERICAN LEGION DEPARTMENT OF SOUTH CAROLINA
P. O. Box 3309
Irmo, SC 29063
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JUNE 1, 2009 - MAY 31, 2010
POST NARRATIVE REPORT FORM (Please print)
DUE DATE: JUNE 15, 2010

Post Name _____ No. _____ District No. _____
 Department of _____ Present Membership _____
 City _____ State _____
 Address _____

1. Did your Post file a Consolidated Post Report form? Yes _____ No _____
2. Did your Post participate in any of the following National Children and Youth program objectives? Please report the amount of money spent/donations on each program.

_____ Family Emphasis (National Family Week) \$ _____
 \$ _____

_____ Child Safety (Drug Abuse Prevention: Youth Suicide Prevention, etc.) \$ _____

Describe program(s) _____

_____ Children's Miracle Network \$ _____

_____ Halloween Safety \$ _____

Number of children: _____

_____ Missing Children \$ _____

_____ April is Children & Youth Month \$ _____

_____ Temporary Financial Assistance \$ _____

Number of children assisted: _____

_____ Family Support Network \$ _____

Number assisted: _____

_____ Ronald McDonald House \$ _____

3. Estimate the number of volunteer service hours provided by the membership of your Post for the children and youth in your community. _____ hours

