

The American Legion, Department of Connecticut



ACTIVITY REPORT

REPORT OF _____ TITLE _____
(NAME)

FOR PERIOD FROM: _____ TO: _____

EXECUTIVE MEETING REPORT:

(DISTRICT COMMANDERS ONLY)

Please list date and place of next three (3) meetings

DISTRICT NO. _____

DATE: _____ PLACE: _____ TIME: _____

DATE: _____ PLACE: _____ TIME: _____

DATE: _____ PLACE: _____ TIME: _____

Signature: _____