



**AMERICAN LEGION AUXILIARY UNIT 60
ACTIVITY RECORD AND FOLLOW-UP**

Name of Activity or Project: _____

Date: _____ Time start: _____ Time end: _____

GFWC Department/Program/Project: _____

of members attending: _____

of members outside actual activity (e.g., prep, set-up, publicity): _____

Brief description of activity/project:

Names of members attending, and #of hours if less than entire time: (continue on back if necessary)

1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

Names of members participating outside of event or activity (e.g., prep, publicity), and hours spent:

1	6
2	7
3	8
4	9
5	10

Additional information which may facilitate reporting: