Members Name: _____

**American Legion Auxiliary Unit 60**
**Quarterly Volunteer Hours Record**

| Event Name | Date | Enter Task Hours | | | | | TOTAL EVENT HOURS |
|---|---|---|---|---|---|---|---|
| | | Shopped | Set-up | Worked Event | Clean-up | Advertising | |
| | | | | | | | |
| | | | | | | | |
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