LADIES AUXILIARY OF THE FLEET RESERVE ASSOCIATION

HOSPITAL REPORT

Unit Number_____ Unit Name_____ Region_____

Date Submitted_____ Total Members in Unit _____ Group_____

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1. Annual Summary of Unit Hospital Work:

Type of Facility	Approximate Number of Visits
Military Hospitals & Facilities	
VA & SV Hospitals & Facilities	
USPH Hospitals	
Civilian Hospitals & Facilities	
Nursing Homes	
Day Care Centers	
Other Type Care Facilities	
Totals	

2. List activities in Hospital work (include making items for hospital patients, such as bed jackets, socks, lap robes, book markers, etc.):

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3. Do Members donate items such as books, clothing, games, etc? Specify:

UNIT PRESIDENT SIGN

UNIT CHAIRMAN SIGN

UNIT SECRETARY SIGN

UNIT PRESIDENT EMAIL

UNIT CHAIRMAN EMAIL

UNIT SECRETARY EMAIL

Mail one copy to the Regional President, one copy to the Regional President's Report Chairman, and retain one copy for your Unit Files.

MAIL ALL REPORTS TO REACH THE ABOVE ADDRESSES 15 DAYS PRIOR TO CONVENING OF REGIONAL CONVENTION
ADDITIONAL PAGES MAY BE ATTACHED