

LADIES AUXILIARY OF THE FLEET RESERVE ASSOCIATION

HOSPITAL REPORT

Unit Number _____ Unit Name _____ Region _____

Date Submitted _____ Total Members in Unit _____ Group _____

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	
<i>Totals</i>	

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

HOSPITAL REPORT - Continued

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

UNIT PRESIDENT SIGNATURE

UNIT CHAIRMAN SIGNATURE

UNIT SECRETARY SIGNATURE

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**