YOUTH ACTIVITIES REPORT 2024 - 2025

YOUR AUXILIARY IS ENCOURAGED TO REPORT AFTER EACH PROJECT'S COMPLETION. ALL REPORTS MUST BE SUBMITTED BY MARCH 31, 2025.

		Auxilial y City	D	ate submitted
Submitted by: _		Phone and E	mail of submitter:	
			Yes No	
# of youth	# of yo	uth groups	_	
Hours worked: _		ollars Spent:	Value of Goods/Service	es Donated:
Date of Activity:	# (of Members Participating:	Description o	f project:
			· Veterans Citations? Yes _	No
Number of citati				
				es Donated:
Date of Activity:	# (of Members Participating:	Description o	f project:
Number of book	s donated:		eracy? Yes No _	
Hours worked:		ollars Spent:	Value of Goods/Service	es Donated:
				f project:
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Send this form to: Karen Boden, 803 H Road, Esbon KS 66941, or lkboden@ruraltel.net Send one copy to your District Chairman. Keep one copy for your Auxiliary files.