APPENDIX
E
RECONNECT
REPORTS

RECONNECT REPORT - JULY

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

Send completed report to:
The American Legion, Department of Wisconsin
Attn: Reconnect Report
P.O. Box 388
Portage, WI 53901
Fax: (608) 745-0179

RECONNECT REPORT - AUGUST

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

Send completed report to:
The American Legion, Department of Wisconsin
Attn: Reconnect Report
P.O. Box 388
Portage, WI 53901
Fax: (608) 745-0179

RECONNECT REPORT - SEPTEMBER

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

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RECONNECT REPORT – OCTOBER

REPORT OF POST ACTIVITIES WITH
GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

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Portage, WI 53901
Fax: (608) 745-0179

RECONNECT REPORT - NOVEMBER

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

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RECONNECT REPORT - DECEMBER

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

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Portage, WI 53901
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RECONNECT REPORT - JANUARY

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

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RECONNECT REPORT - FEBRUARY

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

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Portage, WI 53901
Fax: (608) 745-0179

RECONNECT REPORT - MARCH

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

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P.O. Box 388
Portage, WI 53901
Fax: (608) 745-0179

RECONNECT REPORT - APRIL

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

Send completed report to:
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Portage, WI 53901
Fax: (608) 745-0179

RECONNECT REPORT - MAY

REPORT OF POST ACTIVITIES WITH

GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

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RECONNECT REPORT - JUNE

REPORT OF POST ACTIVITIES WITH

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Post No: _____ District: _____ Year: _____

Date of Event	**# of Legionnaires Participating**	**Identify Military Organization**	**Purpose of Visit**

Please summarize all military visits/meetings monthly.

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