RECONNECT REPORT

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

Post: _____ County: _____ District: _____ Year: _____

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

Please summarize all military visits/meetings.

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