



THE AMERICAN LEGION DEPARTMENT OF WISCONSIN

County Youth Government Day Report

Survey Sheet: Post Chairman and Post Commanders

**RETURN A COPY OF THIS SURVEY TO YOUR COUNTY COMMANDER
and DEPARTMENT HEADQUARTERS**

District: _____ County: _____ Date of Program: _____

Location of Program: _____
Courthouse, City Hall, Etc. (Include Address)

Chairperson: _____ Phone: _____

Address: _____ City: _____ Zip: _____

County Commander: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Record of Posts, Units, and Squadrons involved in this year's County Youth Government Day Program

<u>Post No.</u>	<u>Unit</u>	<u>Squadron</u>	<u>Post Location</u>	<u>High School</u>	<u>No. of Students</u>
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Totals: _____ Posts _____ Number of High Schools
 _____ Units _____ Number of Students
 _____ Squadrons _____ Number of Foreign Exchange Students

Estimated Cost of Program \$ _____ (This figure is important, please include.)

Brief Explanation of Costs: _____

Record number of continuous years of your Program, if known: _____

Use reverse side for any comments. If available, attach a copy of your agenda.