LADIES AUXILIARY OF THE FLEET RESERVE ASSOCIATION

HOSPITAL REPORT

Unit Number Unit Name			Region	
Date SubmittedTotal		Total Members in Unit	Group	
1. A	Annual Summary of Uni	t Hospital Work:		
	Type of Facility	Approximate Number	er of Visits	
	Military Hospitals &	Facilities		
	VA & SV Hospitals 8	& Facilities		
	USPH Hospitals			
	Civilian Hospitals &	Facilities		
	Nursing Homes			
	Day Care Centers			
	Other Type Care Fa	cilities		
	Totals			
	bbes, book markers, etc			
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HOSPITAL REPORT - Continued 3. Do Members donate items such as books, clothing, games, etc? Specify:

Mail one copy to the Regional President, one copy to the Regional President's Report Chairman, and retain one copy for your Unit Files.

UNIT SECRETARY

UNIT PRESIDENT

MAIL ALL REPORTS TO REACH THE ABOVE ADDRESSES 15 DAYS PRIOR
TO CONVENING OF REGIONAL CONVENTION
ADDITIONAL PAGES MAY BE ATTACHED