

LADIES AUXILIARY OF THE FLEET RESERVE ASSOCIATION

HOSPITAL REPORT

Unit Number _____ Unit Name _____ Region _____

Date Submitted _____ Total Members in Unit _____ Group _____

1. Annual Summary of Unit Hospital Work:

Type of Facility	Approximate Number of Visits
Military Hospitals & Facilities	
VA Hospitals & Facilities	
USPH Hospitals	
Civilian Hospitals & Facilities	
Nursing Homes	
Day Care Centers	
Assist retarded, ill & disabled	
Other Type Care Facilities	
Totals	

2. List activities in Hospital work (include making items for hospital patients, such as bed jackets, socks, lap robes, book markers, etc.):

(Over)

HOSPITAL REPORT - Continued

3. Do Members donate items such as books, clothing, games, etc? Specify:

UNIT PRESIDENT

UNIT SECRETARY

CHAIRMAN

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

**MAIL ALL REPORTS TO REACH THE ABOVE ADDRESSEES 15 DAYS
PRIOR TO CONVENING OF REGIONAL CONVENTION**