

American Legion Auxiliary

Department of Oklahoma

Insert Unit Name & Number

Date: Of the Event

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| Chair: | Event:  |
| Volunteer’s Name | Assigned Duty |  |
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 Event:

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|  | **yes** | **no** | **Comments** |
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| **Advertisement** |  |  |  |
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| **Membership Participation** |  |  |  |
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| **Community Support** |  |  |  |
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| **Miscellaneous** |  |  |  |
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