



MARINE CORPS LEAGUE

DEPARTMENT OF ILLINOIS

COMMITTEE REPORT

COMMITTEE: _____

Chairman: _____

Member: _____

NAME: _____ **SIGNATURE:** _____

PERIOD COVERED IN THE REPORT: _____

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COPIES: **Chairman – Dept. Comdt.**

Member – Chairman

Adjutant

Personal File

Personal File

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LIST ALL ACCOMPLISHMENTS, PROBLEMS AND RESULTS:

SUGGESTIONS:

If you cannot attend the Staff Conference, send your report (see number of copies above) so that it can be read on the floor either by the Adjutant of the Chairman of the Committee. Allow time for the chairman to receive your report so that he can make one complete report.