

RECONNECT REPORT

REPORT OF POST ACTIVITIES WITH GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL

Post No: _____ District: _____ Year: _____

Date of Event	# of Legionnaires Participating	Identify Military Organization	# of Military Personnel
Purpose of Visit			

The Department of Wisconsin certifies that the above (post/county/district) have participated in the documented Reconnect event(s).

Send completed report to:
The American Legion, Department of Wisconsin
Attn: Adjutant
P.O. Box 388
Portage, WI 53901
or email to:
adjutant@wilegion.org