

Planning Form

This form should be used to help guide a member plan a successful event or project.

Requestor			
Event or Project			
Event or Project Details <i>(How does it meet the mission of the American Legion Auxiliary)</i>			
Will the Post Hall be needed	Yes or No <i>If yes, email your requested dates & times to: ALAunit1038ny@gmail.com</i>		
Requested Hall Date(s) & Time(s)			
If not budgeted, Amount requested	\$		
If applicable, how will the project be marketed			
Beneficiary Key	1. Deployed Active-duty Military 2. Military Servicemember 3. Military Families 4. Hospitalized Veterans 5. Recently Discharged Veterans 6. Local Veterans or Legionnaires 7. Students K-12	No. #	Name of event beneficiary?
Program Type Key	1. Americanism 2. Auxiliary Emergency Fund 3. Chaplain 4. Children and Youth 5. Community Service 6. Constitution & By-Laws 7. Education 8. ALA Empire Girls State 9. Historian	10. Junior Activities 11. Leadership 12. Legislature 13. Membership 14. National Security 15. Past Presidents Parley 16. Poppy & Poppy Poster Contest 17. Public Relations 18. VA & R 19. Warrior Family Assistance	No. #

Office use only below line:

Approved: _____ Y/N _____

Amount approved: _____

President's signature: _____

Vice President's signature: _____