Public Servant Safety Entry Report

Post / Auxiliary # _____

Law Enforcement/ 9-11 Operator

Amount spent on awards:

Post $_____   Auxiliary $_____

Additional monies spent on the program:

Post $_____   Auxiliary $_____

Number of entries in this program: _____

Fire Fighter

Amount spent on awards:

Post $_____   Auxiliary $_____

Additional monies spent on the program:

Post $_____   Auxiliary $_____

Number of entries in this program: _____

Emergency Medical Technician

Amount spent on awards:

Post $_____   Auxiliary $_____

Additional monies spent on the program:

Post $_____   Auxiliary $_____

Number of entries in this program: _____

_____

Post Chairman's Name (print)

Copy to: District Chairman with entry