



Hospital Event Report

Send a copy to Department Headquarters
5213 Pacific Hwy E, Fife, WA 98424

Date of Event: _____ Post/ Aux #: _____

Event Location: _____

Number of Veterans: _____ Number of Volunteers: _____

Volunteer Hours: _____ Volunteer Mileage: _____ Funds used: \$ _____

Other Organizations involved: _____

Give a Summary of the Event: _____

Chairman

Chairman