

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF GEORGIA  
CAVALCADE OF MEMORIES  
Report Form 2015 - 2016**

Unit Name and Number: \_\_\_\_\_ District # \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Address: \_\_\_\_\_

1. Does your Unit have a Cavalcade of Memories? \_\_\_\_\_

2. Where is it located and how is it set up? \_\_\_\_\_

3. What does your Unit do with the History Books and Scrapbooks? \_\_\_\_\_

4. Did your Unit make a Monetary contribution to the Department Cavalcade of Memories?  
\_\_\_\_\_ How Much? \_\_\_\_\_

5. Did your Unit send items to the Department Cavalcade of Memories? \_\_\_\_\_

What did your Unit send? \_\_\_\_\_

Please attach a narrative of not more than 500 words giving details of your activities and projects.

**Please complete the year-end report and return by May 1, 2016.**

**Thank You**

**Department Chairman:**

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