

**2021-2022 REPORT FORM
YOUTH ACTIVITY**

Auxiliary Name & No.: _____

No. of Members: _____ Department: _____

Name & Address of Officer: _____

Phone Number: _____ EMAIL: _____

1. Immaculate Conception Burse (ICB)
2. Contests – See attached “Youth Activities”
3. Aid to children with physical and mental disabilities, Special Olympics Participation
4. Sponsoring/Chaperoning camping programs, Scouts, Brownies, school bands, etc.
5. Special Project(s)

Please explain on a separate sheet of paper, write in a narrative style.

THROUGH ECHELONS – from UNIT (to Chapter, if any), to DEPARTMENT, to NATIONAL AUXILIARY OFFICER BY DEADLINE DATE of **JUNE 30, 2021.**

**Geraldine Schwartz, Third Vice President
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Pottsville, PA 17901**

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