

# Stand Down Report

Send a copy to both

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Date of Stand Down: \_\_\_\_\_

Sponsoring Post/Auxiliary: \_\_\_\_\_

Stand Down Location: \_\_\_\_\_

Anticipated Number Of Veterans: \_\_\_\_\_

Actual Number Of Veterans: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

From What Agencies: \_\_\_\_\_

\_\_\_\_\_

Funding From: \_\_\_\_\_

\_\_\_\_\_

Donations From: \_\_\_\_\_

\_\_\_\_\_

Give a brief summary of the Stand Down: *(highlights, special moments, etc)(please print)*

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Chairman

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Chairman

This information may be shared with others in the state needing help starting a stand down or for helping existing stand down