

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)*

Chairman

Chairman

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