

Legion of Honor Semi-Annual Activity Report

REPORTING PERIOD

Temple Name & Number _____

Temple Full Address: _____

Roster of Officers:

President's Name: _____

President's Address: _____

President's Phone & Email: _____

Vice President's Name: _____

Vice President's Phone & Email: _____

Secretary/Treasurer Name: _____

Secretary/Treasurer Phone & Email: _____

Brief narrative of LOH programs initiated:

Results: Successful _____

Below Average _____

Signature of President

Date:

Signature of Illustrious Potentate

Date