MARINE CORPS LEAGUE **DEPARTMENT OF ILLINOIS**

COMMITTEE REPORT

COMMITTEE: ____

Chairman: ____________________________

Member: _____________________________

NAME: _______________________________ SIGNATURE: ______________________________________

PERIOD COVERED IN THE REPORT:____

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COPIES: **Chairman – Dept. Comdt.**
Adjutant
Personal File

Member – Chairman
Personal File

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LIST ALL ACCOMPLISHMENTS, PROBLEMS AND RESULTS:

SUGGESTIONS:

If you cannot attend the Staff Conference, send your report (see number of copies above) so that is can be read on the floor either by the Adjutant of the Chairman of the Committee. Allow time for the chairman to receive your report so that he can make one complete report.