



American Legion Auxiliary  
Department of California

Leadership Workshop Sign In Sheet

Date \_\_\_\_\_

Name: \_\_\_\_\_ Unit: \_\_\_\_\_ District \_\_\_\_\_ Current Office/Chair : \_\_\_\_\_ 1<sup>st</sup> workshop : \_\_\_\_\_ Lunch: \_\_\_\_\_

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Instructor: \_\_\_\_\_ Workshop Location \_\_\_\_\_