



JUNIOR ACTIVITIES PATCH PROGRAM REQUEST SHEET

NAME OF JUNIOR: _____ NAME OF CHAIRMAN: _____
 ADDRESS: _____ PHONE # _____
 DISTRICT # _____

UNIT # _____

Date: _____

Category	Level One	Level Two	Level Three	Total by Category
Americanism				
Caregiver	N/A	N/A		
Community & Family Safety			N/A	
Community Service				
Education				
Goodwill	N/A	N/A		
History	N/A	N/A		
Leadership				
Membership <i>ALL levels identical</i>				
National Security	N/A	N/A		
Physical Fitness				
Poppy				
Star Spangled Kids	N/A		N/A	
Technology				
VA & R				
<i>National Presidents' Scholarship Fund</i>	This is the only patch sent directly to the Junior member. It cannot be mailed until the verification form is received.			
Grand Total by Level				

SEND FORMS TO:

Name: DARA OLIVER, DEPT. OF FL CHAIRMAN
 Shipping Address: 1776 SE 158TH COURT
 City: WEIRSDALE State: FL Zip: 32195
 Email: JUNIORS@ALAFI.ORG Phone: (321) 543-1069

NATIONAL HEADQUARTERS USE ONLY:

Date Received: _____ Date Shipped: _____ By: _____

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