ARMY COMMUNITY SERVICE (*ACS*)

GROUP SESSIONS LOG

1. TITLE OF SESSION Family Advocacy Program Training		2. DATE (YYYMMDD) Write In date

3. GIVEN TO

Active Duty

4a. LAST NAME	4b. FIRST NAME	4c. LOCATION / PHONE/ RANK	4d. RANK/ STATUS (Active Duty, Reservist, Retired, Family Member, Civilian Employee)