SONS OF THE AMERICAN LEGION | CONSOLIDATED SQUADRON REPORT

2017 - 2018

Please Check one box indicating the reporting entity: ☐ Detachment ☐ District ☐ Squadron

Please print or type clearly.

1 _____ Detachment (State)
2 _____ District
3 _____ Squadron Number
4 _____ Squadron Name
5 _____ Current Year Membership
6 _____ Prior Year Membership
7 _____ City/Town
8 _____ Zip Code

AMERICANISM

1 _____ No. of Boys Sponsored, **Boys State**
2 $_____ Cost, **Boys State**
3 _____ No. of Girls Sponsored, **Girls State**
4 $_____ Cost, **Girls State**
5 _____ No. of **5 Star/10 Ideals Program**
6 $_____ Cost, **5 Star/10 Ideals Program**
7 _____ No. of **Flags** Presented
8 $_____ Cost, **Flags** Presented
9 _____ No. of **Small Flags** Placed on Graves
10 _____ No. of **Small Flags** Given Away at Parades
11 $_____ Cost, **Small Flags**
12 _____ No. of Hours, **Small Flags**
13 $_____ Cost, **Scholarships Awarded**
14 _____ No. of Hours, **Educational Programs**
15 ☐ Squadron Sponsors, **Oratorical Contest**
16 _____ No. of Contestants, **Oratorical Contest**
17 $_____ Cost, **Oratorical Contest**
18 _____ No. of Hours, **Oratorical Contest**
19 ☐ Squadron Sponsors, **Color Guard**
20 _____ No. of Apperarances, **Color Guard**
21 $_____ Cost, **Color Guard**
22 _____ No. of **Flag Etiquette Programs**
23 $_____ Cost, **Flag Etiquette Programs**
24 _____ No. of Hours, **Flag Etiquette Programs**
25 _____ No. of **Flag Retirement Programs**
26 _____ No. of Hours, **Flag Retirement Programs**
27 _____ No. of Hours, **Community Service**
28 $_____ Cost/Donations, **Other Organizations**
29 ☐ Squadron Sponsors, **Scouting**
30 _____ No. of Youths Involved, **Scouting**
31 $_____ Cost, **Scouting**
32 _____ No. of Youths Involved, **Junior Shooting**
33 _____ No. of Hours, **Junior Shooting**
34 $_____ Cost of Sponsorship, **Junior Shooting**
35 ☐ Squadron Sponsors, **AL Baseball Team**
36 $_____ Cost, **Baseball Team**
37 $_____ Cost, **Other Teams Sponsored**
38 _____ No. of Pints Collected, **Blood Drives**
39 _____ No. of Hours, **Blood Drives**
40 $_____ Donations, **National Emergency Fund**

CHILDREN & YOUTH

1 $_____ Donations, Child Welfare Foundation
2 _____ No. of Hours, Child Welfare Foundation
3 $_____ Donations, Special Olympics
4 _____ No. of Hours, Special Olympics
5 $_____ Donations, Children's Miracle Network
6 _____ No. of Hours, Children's Miracle Network
7 _____ No. Given, Josh Dogs
8 $_____ Cost, Josh Dogs
9 $_____ Donations, Operation Military Kids
10 _____ No. of Hours, Operation Military Kids
11 $_____ Donations, Other C&Y Projects
12 _____ No. of Hours, Other C&Y Projects

VETERANS AFFAIRS & REHABILITATION

1 _____ No. of Visits, Veterans Homes
2 _____ No. of Hours, Veterans Homes
3 $_____ Donations, Veterans Homes
4 _____ No. of Visits, VA Medical Centers
5 _____ No. of Hours, VA Medical Center
6 $_____ Estimated Value, Items Donated to VA
7 _____ No. of Hours, Field Service
8 _____ No. of Hours, Home Service
9 _____ No. of Hours, Fisher House
10 $_____ Cost, Fisher House
11 _____ No. of Hours, Support for the Troops
12 $_____ Cost, Support for the Troops
13 _____ No. of Hours, Family Support Network
14 $_____ Cost, Family Support Network
15 _____ No. of Hours, Other VA&R Projects
16 $_____ Cost, Other VA&R Projects
17 _____ No. of Vets Helped, Natl. Vet's Assist Day
18 _____ No. of Hours, Natl. Vet's Assist Day
19 $_____ Cost, Natl. Vet's Assist Day
20 $_____ Cost, Operation Comfort Warrior

INTERNAL AFFAIRS

1 $_____ Other Donations, Not Covered Above
2 _____ Other Hours, Not Covered Above

Signature _____ Title _____ Date _____

Contact Phone Number: (_____) _____

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