



SONS OF THE AMERICAN LEGION

CONSOLIDATED SQUADRON REPORT



2007-2008

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

Please print or type clearly.

Detachment (State) (1) District (2)

Squadron Number (3) Squadron Name (4)

Current Year Membership (5) Prior Year Membership (6)

City/Town (7) Zip Code (8)

AMERICANISM

Boys State, No. of Boys Sponsored (9) _____ Cost (10) \$ _____ **Girls State**, No. of Girls Sponsored (11) _____ Cost (12) _____

Education, No Of 5 Star/10 Ideals Program (13) _____ Cost (14) \$ _____ No. of Flags Presented (15) _____ Cost (16) \$ _____

No. of Small Flags Placed on Graves/Given Away at Parades (17) _____ Cost (18) \$ _____ Hours (19) _____

Cost of Scholarships Awarded (20) \$ _____ No. of Hours for Educational Programs (21) _____

Oratorical Contest, Squadron Sponsored Contest (22) No. of Contestants (23) _____ Cost of Contest (24) \$ _____

Hours Of Participation (25) _____ **Color Guards**, Squadron Sponsors (26) No. of Appearances (27) _____ Cost (28) \$ _____

NEF, Donations (29) \$ _____ **Flag Education**, No. of Flag Etiquette Programs (30) _____ Cost (31) \$ _____ Hours (32) _____

No. of Flag Retirement Programs (33) _____ Hours (34) _____ **Community Service**, No. Hours of Service (35) _____

Cost/Donation to Other Organizations (36) \$ _____ **Scouting**, Squadron Sponsors Troop (37) No. of Youths Involved (38) _____

Cost (39) \$ _____ **Junior Shooting Sports**, No. of Youth Involved (40) _____ No. Hours of Service (41) _____

Cost Of Sponsorship (42) \$ _____ **Baseball**, American Legion Baseball Team Sponsored (43) Cost (44) \$ _____

Other Teams Sponsored, Cost (45) \$ _____

CHILDREN & YOUTH

Child Welfare Foundation, Donations (46) \$ _____ Hours (47) _____ **Special Olympics**, Donations (48) \$ _____ Hours (49) _____

Children's Miracle Network, Donations (50) \$ _____ Hours (51) _____ **Josh Dogs**, No. Given (52) _____ Cost (53) \$ _____

Spinoza Bears, No. Given (54) _____ Cost (55) \$ _____

Other Children & Youth projects, Donations (56) \$ _____ Hours (57) _____

VETERANS AFFAIRS & REHABILITATION

Veterans Homes, No. of Visits (58) _____ Total Hours (59) _____ **Cash Donations**, (60) \$ _____

V.A Medical Centers, No. of Visits (61) _____ Total Hours (62) _____ **Items Donated**, Estimated Dollar Value (63) \$ _____

Field Service, Hours (64) _____ **Home Service**, Hours (65) _____ **Fisher House**, Hours (66) _____ Cost (67) \$ _____

Support for the Troops, Hours (68) _____ Cost (69) \$ _____ **Family Support Network**, Hours (70) _____ Cost (71) \$ _____

Other VA&R Projects, Hours (72) _____ Cost (73) \$ _____

National Veteran's Assistance Day, No. of Veterans Helped (74) _____ Hours (75) _____ Cost (76) \$ _____

OTHER HOURS AND DONATION NOT COVERED ABOVE

Total Hours, No. of Visits (77) _____ Cash Donations, (78) \$ _____

Signature _____ Title _____ Date _____

Contact Phone Number: (_____) _____