



SONS OF THE AMERICAN LEGION

CONSOLIDATED SQUADRON REPORT



2009-2010

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) \$ _____
Blood Drives, Pints Collected (45) _____ Hours (46) _____
Other Teams Sponsored, Cost (47) \$ _____

CHILDREN & YOUTH

Child Welfare Foundation, Donations (48) \$ _____ Hours (49) _____ **Special Olympics**, Donations (50) \$ _____ Hours (51) _____
Children's Miracle Network, Donations (52) \$ _____ Hours (53) _____ **Josh Dogs**, No. Given (54) _____ Cost (55) \$ _____
Spinoza Bears, No. Given (56) _____ Cost (57) \$ _____
Other Children & Youth projects, Donations (58) \$ _____ Hours (59) _____

VETERANS AFFAIRS & REHABILITATION

Veterans Homes, No. of Visits (60) _____ Total Hours (61) _____ **Cash Donations**, (62) \$ _____
V.A Medical Centers, No. of Visits (63) _____ Total Hours (64) _____ **Items Donated**, Estimated Dollar Value (65) \$ _____
Field Service, Hours (66) _____ **Home Service**, Hours (67) _____ **Fisher House**, Hours (68) _____ Cost (69) \$ _____
Support for the Troops, Hours (70) _____ Cost (71) \$ _____ **Family Support Network**, Hours (72) _____ Cost (73) \$ _____
Other VA&R Projects, Hours (74) _____ Cost (75) \$ _____
National Veteran's Assistance Day, No. of Veterans Helped (76) _____ Hours (77) _____ Cost (78) \$ _____

OTHER HOURS AND DONATION NOT COVERED ABOVE

Total Hours, No. of Visits (79) _____ Cash Donations, (80) \$ _____

Signature _____ Title _____ Date _____

Contact Phone Number: (_____) _____