



# SONS OF THE AMERICAN LEGION SQUADRON AMERICANISM REPORT FORM

Detachment \_\_\_\_\_ District \_\_\_\_\_ Squadron \_\_\_\_\_

Squadron # \_\_\_\_\_ Address \_\_\_\_\_

Activity from \_\_\_\_\_ to \_\_\_\_\_  
(year) (year)

Indicate whether the report form is for:

District Report ( ) Squadron Report ( )

*(complete applicable items only)*

### Boys State

Number of Boys \_\_\_\_\_  
Cost \_\_\_\_\_

### Education

# 5 Star/10 Ideals Program \_\_\_\_\_  
Cost \_\_\_\_\_

### Baseball

Baseball teams sponsored \_\_\_\_\_  
Cost of sponsorship \_\_\_\_\_

# Flags presented to schools  
& other organizations \_\_\_\_\_  
Cost \_\_\_\_\_

### Scouting

Cost of sponsoring \_\_\_\_\_

# Small flags placed on  
graves/given away at parades \_\_\_\_\_  
Cost \_\_\_\_\_

### Oratorical Contest

Squadron sponsored contest \_\_\_\_\_  
Cost of contest(s) \_\_\_\_\_  
# Hours of participation \_\_\_\_\_

Cost of scholarships awarded \_\_\_\_\_  
# Hours for educational programs \_\_\_\_\_

### Flag Education

# Flag etiquette programs \_\_\_\_\_  
Cost \_\_\_\_\_  
# Flag retirement ceremonies \_\_\_\_\_

### Community Service

# Hours of service \_\_\_\_\_  
Cost/donation to other organizations \_\_\_\_\_

### Squadron Participation

Flag Day \_\_\_\_\_ Get Out the Vote \_\_\_\_\_  
Veterans Day \_\_\_\_\_ Legion B-day \_\_\_\_\_  
July 4<sup>th</sup> \_\_\_\_\_ Memorial Day \_\_\_\_\_  
4 Chaplains \_\_\_\_\_

### Junior Shooting Sports

# Hours of service \_\_\_\_\_  
Cost of sponsorship \_\_\_\_\_

### Color Guards

Color Guard appearances \_\_\_\_\_  
Cost of sponsorship \_\_\_\_\_

Remarks or other sponsorship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Squadron Membership \_\_\_\_\_

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Must be mailed no later than June 1<sup>st</sup>,  
To: Sons of The American Legion  
Detachment of Wisconsin  
Annual Reports  
PO Box 388, Portage WI 53901-0388

## WHAT TO DO WHEN FILLING OUT THIS FORM

ACTIVITY	This is a Squadron report form. The activities reported should cover the period from May 1 <sup>st</sup> to the subsequent April 30th. Enter the appropriate Squadron information and membership as of the current year.
BOYS STATE / GIRLS STATE	Enter the number of Boys or Girls sponsored by the Squadron and the estimated cost provided by the Squadron. If none, enter zero.
BASEBALL	Enter the amount of teams sponsored and the estimated cost if any.
SCOUTING	Enter the cost of sponsoring the Scouting Troop.
ORATORICAL	Number of contests conducted and estimated cost if any.
FLAG EDUCATION	Enter the number of occurrences and estimated cost if any.
SQUADRON PARTICIPATION	Check if participated in the event.
EDUCATION	Enter the appropriate number and estimated cost if any.
COMMUNITY SERVICE	Enter the number of hours spent by Squadron members participating in events not reported elsewhere. Include any donations to other organizations that benefit mankind (medical research, prevention, etc.).
JUNIOR SHOOTING SPORTS	Enter the number of youth sponsored and estimated cost if any.
COLOR GUARD	Enter the number of color guard appearances and estimated cost if any.

**MAIL BY June 1<sup>st</sup>.**

**ADDRESS:**

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Detachment of Wisconsin  
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