



Please Check one box indicating the reporting entity:

Detachment

District

Squadron

Please print or type clearly.

1 _____ Detachment (State)

3 _____ Squadron Number

5 _____ Current Year Membership

7 _____ City/Town

2 _____ District

4 _____ Squadron Name

6 _____ Prior Year Membership

8 _____ Zip Code

AMERICANISM

- 1 _____ No. of Boys Sponsored, Boys State
3 _____ No. of Girls Sponsored, Girls State
5 _____ No. of 5-Star/10-Ideals Programs
7 _____ No. of Flags Presented
9 _____ No. of Small Flags Placed on Graves
11 \$ _____ Cost, Small Flags
13 \$ _____ Cost, Scholarships Awarded
15 _____ Squadron Sponsors, Oratorical Contest
17 \$ _____ Cost, Oratorical Contest
19 _____ Squadron Sponsors, Color Guard
21 \$ _____ Cost, Color Guard
23 \$ _____ Cost, Flag Etiquette Programs
25 _____ No. of Flag Retirement Programs
27 _____ No. of Hours, Community Service
29 _____ Squadron Sponsors, Scouting
31 \$ _____ Cost, Scouting
33 _____ No. of Hours, Junior Shooting
35 _____ Squadron Sponsors, AL Baseball Team
37 \$ _____ Cost, Other Teams Sponsored
39 _____ No. of Hours, Blood Drives

- 2 \$ _____ Cost, Boys State
4 \$ _____ Cost, Girls State
6 \$ _____ Cost, 5-Star/10-Ideals Programs
8 \$ _____ Cost, Flags Presented
10 _____ No. of Small Flags Given Away at Parades
12 _____ No. of Hours, Small Flags
14 _____ No. of Hours, Educational Programs
16 _____ No. of Contestants, Oratorical Contest
18 _____ No. of Hours, Oratorical Contest
20 _____ No. of Appearances, Color Guard
22 _____ No. of Flag Etiquette Programs
24 _____ No. of Hours, Flag Etiquette Programs
26 _____ No. of Hours, Flag Retirement Programs
28 \$ _____ Cost/Donations, Other Organizations
30 _____ No. of Youths Involved, Scouting
32 _____ No. of Youths Involved, Junior Shooting
34 \$ _____ Cost, Junior Shooting
36 \$ _____ Cost, Baseball Team
38 _____ No. of Pints Collected, Blood Drives
40 \$ _____ Donations, National Emergency Fund

CHILDREN & YOUTH

- 1 \$ _____ Donations, Child Welfare Foundation
3 \$ _____ Donations, Special Olympics
5 \$ _____ Donations, Children's Miracle Network
7 _____ No. Given, Josh Dogs
9 \$ _____ Donations, Operation Military Kids
11 \$ _____ Donations, Other C&Y Projects

- 2 _____ No. of Hours, Child Welfare Foundation
4 _____ No. of Hours, Special Olympics
6 _____ No. of Hours, Children's Miracle Network
8 \$ _____ Cost, Josh Dogs
10 _____ No. of Hours, Operation Military Kids
12 _____ No. of Hours, Other C&Y Projects

VETERANS AFFAIRS & REHABILITATION

- 1 _____ No. of Visits, Veterans Homes
3 \$ _____ Donations, Veterans Homes
5 _____ No. of Hours, VA Medical Centers
7 _____ No. of Hours, Field Service
9 _____ No. of Hours, Fisher House
11 _____ No. of Hours, Support for the Troops
13 _____ No. of Hours, Family Support Network
15 _____ No. of Hours, Other VA&R Projects
17 _____ No. Helped, Nat'l Veterans Assist. Day
19 \$ _____ Cost, Nat'l Veterans Assist. Day

- 2 _____ No. of Hours, Veterans Homes
4 _____ No. of Visits, VA Medical Centers
6 \$ _____ Estimated Value, Items Donated to VA
8 _____ No. of Hours, Home Service
10 \$ _____ Cost, Fisher House
12 \$ _____ Cost, Support for the Troops
14 \$ _____ Cost, Family Support Network
16 \$ _____ Cost, Other VA&R Projects
18 _____ No. of Hours, Nat'l Veterans 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: _____ Contact Email Address: _____