

CONSOLIDATED SQUADRON REPORT

The Consolidated Squadron Report (CSR) is perhaps the most critical document your squadron can complete. This information will be combined with other squadrons and into the final report used by The American Legion, and subsequently sent to Congress.

Please complete this form with all pertinent information. Not all squadrons participate in every program, and some fields will remain blank. However, the key is to report any and all activities your squadron participated in for this membership year only (June 1st to May 30th).

All detachment/district/squadron donations and activities should be reported to your detachment adjutant for inclusion into the headquarters squadron or Squadron 9999 report.

As you are completing the CSR, responses may call for figures, such as the number of veteran home visits or the number of hours volunteered to a particular program. Other programs, such as The American Legion National Emergency Fund, request the number of dollars donated or spent. All fields with a "\$," please enter the amount of money in whole dollars. The form should be typewritten or printed with black or dark blue ink. Writing legibly for compilation purposes is imperative.

This a three (3) part form. Upon completion of the report, send the original (yellow sheet) and second copy (green sheet) to your headquarters' detachment (detachment adjutant), and the last copy (blue sheet) retain for your squadron's records. The yellow and green sheets are due when your detachment/department specifies, but national must have their copy no later than June 30 each year.

Detachments are directed to forward the yellow copy to national headquarters, by either attaching and emailing to dcforms@legion.org or send by US mail to P. O. Box 1055 Indianapolis, IN 46206 Attn: Data Services. CDR's are due no later than the 3rd Friday in July of each year.



SONS OF THE AMERICAN LEGION

CONSOLIDATED SQUADRON REPORT

June 1, 20__ to May 31, 20__

Please check one box indicating the reporting entity level:

Detachment

District

Squadron

1 _____ Detachment (State)

2 _____ District

3 _____ Squadron Number

4 _____ Squadron Name

5 _____ Paid-to-Date Membership Count, Current Year

6 _____ Paid-Up Final Membership Count, Prior Year

7 _____ City/Town

8 _____ Zip Code

If the reporting entity is a District (or Detachment) the entity agrees that their report of dollars and hours ONLY INCLUDES those approved and expended by Officers and Members of that entity, and ARE NOT cumulative of the Squadrons (or Squadrons and Districts) that they represent.

Please type or print all information clearly. For the program details below only mark lines for which you are reporting data (leave '0' values blank).

AMERICANISM

1 _____ Donations, Boys State / Girls State

2 _____ No. of Hours, Boys State / Girls State

3 _____ Donations, 5-Star / 10-Ideals Education

4 _____ No. of Hours, 5-Star / 10-Ideals Education

5 _____ Donations, Flags Presented (All Sizes/Events)

6 _____ No. of Hours, Flags Presented (All Sizes/Events)

7 _____ N/A N/A

8 _____ No. of Flags Presented (All Sizes/Events)

9 _____ Donations, Flag Education Programs

10 _____ No. of Hours, Flag Education Programs

11 _____ Donations, Scholarships Awarded

12 _____ No. of Hours, Other Educational Programs

13 _____ Donations, Oratorical Contest

14 _____ No. of Hours, Oratorical Contest

15 _____ Donations, Color Guard

16 _____ No. of Hours, Color Guard

17 _____ Donations, Other Organizations

18 _____ No. of Hours, Community Service

19 _____ Donations, Scouting

20 _____ No. of Hours, Scouting

21 _____ Donations, Junior Shooting Sports

22 _____ No. of Hours, Junior Shooting Sports

23 _____ Donations, American Legion Baseball

24 _____ No. of Hours, American Legion Baseball

25 _____ Donations, Other Teams Sponsored

26 _____ No. of Hours, Other Teams Sponsored

27 _____ Donations, Blood Drives

28 _____ No. of Hours, Blood Drives

29 _____ Donations, National Emergency Fund

30 _____ No. of Hours, National Emergency Fund

31 _____ Donations, Legacy Scholarship Fund

32 _____ No. of Hours, Legacy Scholarship Fund

33 _____ Donations, Other Americanism Projects

34 _____ No. of Hours, Other Americanism Projects

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 _____ Donations, Ronald McDonald House

8 _____ No. of Hours, Ronald McDonald House

9 _____ Donations, Children's Organ Trans. Assn.

10 _____ No. of Hours, Children's Organ Trans. Assn.

11 _____ Donations, T.A.L. Vets. and Child. Found.

12 _____ No. of Hours, T.A.L. Vets. and Child. Found.

13 _____ Donations, Other C&Y Projects

14 _____ No. of Hours, Other C&Y Projects

VETERANS AFFAIRS & REHABILITATION

1 _____ Donations, V.A. Medical Ctrs. & Facilities

2 _____ No. of Hours, V.A. Medical Ctrs. & Facilities

3 _____ Donations, State Veterans Facilities

4 _____ No. of Hours, State Veterans Facilities

5 _____ Donations, Nat'l Veterans Assist. Day

6 _____ No. of Hours, Nat'l Veterans Assist. Day

7 _____ Donations, Operation Comfort Warriors

8 _____ No. of Hours, Operation Comfort Warriors

9 _____ Donations, Fisher House

10 _____ No. of Hours, Fisher House

11 _____ Donations, Other VA&R Projects

12 _____ No. of Hours, Other VA&R Projects

VETERANS EMPLOYMENT & EDUCATION

1 _____ Donations, VE&E Projects

2 _____ No. of Hours, VE&E Projects

INTERNAL AFFAIRS

1 _____ Other Donations, Not Covered Above

2 _____ Other Hours, Not Covered Above

Signature _____ Title _____ Date _____

Contact Phone Number: _____ Contact Email Address: _____