



5 Sons of The American Legion

Consolidated Squadron Report

The Consolidated Squadron Report (CSR) you receive may appear complicated and something you may not want to be troubled with, but it is perhaps the most critical document your squadron can complete. This information will be combined with that of 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 can participate in every program and some fields will remain blank. However, the key is to report any and all activities that the squadron has participated in for this membership year only (July 1st to June 30th). All detachment/district/squadron donations and/or activities should be reported to the respective detachment adjutant for inclusion in the headquarters squadron or Squadron 9999 report.

Not every field or line has to be completed and not every squadron can claim activity for every item listed on this report. This is 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 30th each year. Detachments are directed to forward the yellow copy to national headquarters, Attn: SAL Liaison no later than the 3rd Friday in July of each year.

Responses may call for figures, such as the number of veteran home visits or the number of hours donated to the Children's Miracle Network. Other programs, such as The American Legion National Emergency Fund, request the number of dollars spent. For all fields with a "\$," please enter the amount of money in whole dollars. In fields where you see a checkbox, putting a check in the box would indicate your squadron participated in that program. The form should be typewritten or printed with black or dark blue ink. Writing legibly for compilation purposes is imperative. When additional space is needed to report on projects, activities, or events, including a short-written description, pictures, and newspaper article to both copies you are submitting to your detachment. Ensure you include those hours and dollars reported in the narrative are also included in the report form.

Detachment Reminder: The final date for national headquarters to receive the Consolidated Squadron Report is the 3rd Friday in July. This will ensure headquarters has enough time to compile all reports into the master report.

DISTRIBUTION OF FORM

Mail the original to Department. Make a copy for your Detachment for Squadron Files.

Department will forward the original copy to National no later than the third Friday in July.

Revised 11/2018



Sons of The American Legion | CONSOLIDATED SQUADRON REPORT

Please Check one box indicating the reporting entity: Detachment Area Squadron
Please print or type clearly.

1 _____ Detachment(State) 2 _____ District
3 _____ Squadron Number 4 _____ Squadron Name
5 _____ Current Year Membership 6 _____ Prior Year Membership
7 _____ City/Town 8 _____ Zip Code

AMERICANISM

1 _____ No. of Boys Sponsored, Boys State	2 \$ _____ Cost, Boys State
3 _____ No. of Girls Sponsored, Girls State	4 \$ _____ Cost, Girls State
5 _____ No. of 5 Star/10 Ideas Program	6 \$ _____ Cost, 5 Star/10 Ideas Program
7 _____ No. of Flags Presented	8 \$ _____ Cost, Flags Presented
9 _____ No. of Small Flags Placed on Graves	10 _____ No. of Small Flags Given Away at Parades
11 \$ _____ Cost, Small Flags	12 _____ No. of Hours, Small Flags
13 \$ <input type="checkbox"/> Cost, Scholarships Awarded	14 _____ No. of Hours, Educational Programs
15 _____ Squadron Sponsors, Oratorical Contest	16 _____ No. of Contestants, Oratorical Contest
17 \$ <input type="checkbox"/> Cost, Oratorical Contest	18 _____ No. of Hours, Oratorical Contest
19 _____ Squadron Sponsors, Color Guard	20 _____ No. of Appearances, Color Guard
21 \$ _____ Cost, Color Guard	22 _____ No. of Flag Etiquette Programs
23 \$ _____ Cost, Flag Etiquette Programs	24 _____ No. of Hours, Flag Etiquette Programs
25 _____ No. of Flag Retirement Programs	26 _____ No. of Hours, Flag Retirement Programs
27 _____ No. of Hours, Community Service	28 \$ _____ Cost/Donations, Other Organizations
29 <input type="checkbox"/> Squadron Sponsors, Scouting	30 _____ No. of Youths Involved, Scouting
31 \$ _____ Cost, Scouting	32 _____ No. of Youths Involved, Junior Shooting
33 _____ No. of Hours, Junior Shooting	34 \$ _____ Cost of Sponsorship, Junior Shooting
35 <input type="checkbox"/> Squadron Sponsors, AL Baseball Team	36 \$ _____ Cost, Baseball Team
37 \$ _____ Cost, Other Teams Sponsored	38 _____ No. of Pints Collected, Blood Drives
39 _____ No. of Hours, Blood Drives	40 \$ _____ Donations, National Emergency Fund

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 _____ No. Given, Josh Dogs	8 \$ _____ Cost, Josh Dogs
9 \$ _____ Donations, Operation Military Kids	10 _____ No. of Hours, Operation Military Kids
11 \$ _____ Donations, Other C&Y Projects	12 _____ No. of Hours, Other C&Y Projects

VETERANS AFFAIRS & REHABILITATION

1 _____ No. of Visits, Veterans Homes	2 _____ No. of Hours, Veterans Homes
3 \$ _____ Donations, Veterans Homes	4 _____ No. of Visits, VA Medical Centers
5 _____ No. of Hours, VA Medical Center	6 \$ _____ Estimated Value, Items Donated to VA
7 _____ No. of Hours, Field Service	8 _____ No. of Hours, Home Service
9 _____ No. of Hours, Fisher House	10 \$ _____ Cost, Fisher House
11 _____ No. of Hours, Support for the Troops	12 \$ _____ Cost, Support for the Troops
13 _____ No. of Hours, Family Support Network	14 \$ _____ Cost, Family Support Network
15 _____ No. of Hours, Other VA&R Projects	16 \$ _____ Cost, Other VA&R Projects
17 _____ No. of Vets Helped, Natl. Vet's Assist Day	18 _____ No. of Hours, Natl. Vet's Assist Day
19 \$ _____ Cost, Natl. Vet's 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: (____) _____		

Revised 11/2018

NATIONAL HEADQUARTERS COPY