



# SONS OF THE AMERICAN LEGION

## 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 [dsforms@legion.org](mailto:dsforms@legion.org) or send by U.S. mail to The American Legion Attn: IT/Data Services P.O. Box 1954 Indianapolis, IN 46206. CSR's are due no later than the 3rd Friday in July of each year.

Revised 12/2019



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: \_\_\_\_\_