



Squadron Name & Number _____ Dist# _____

Part A: Child Welfare Foundation

(1) Amount of donation made by: _____

a) Squadron: _____ plus members _____ = total \$ _____

(2) List fund raising activities your Squadron participated in:

(3) Amount of time: (hours per member) _____

Part B: Special Olympics

(1) Amount of donation made by: _____

a) Squadron: _____ plus members _____ = total \$ _____

(2) List fund raising activities your Squadron participated in:

(3) Amount of time: (hours per member) _____

Part C: Children's Miracle Network

(1) Amount of donation made by: _____

a) Squadron: _____ plus members _____ = total \$ _____

(2) List fundraising activities your Squadron participated in:

(3) Amount of time: (hours per members) _____

Part D: Five Star / Ten Ideals Program

	Recipients Name	Date	Person Testing	Awards Received
1)				
2)				
3)				
4)				
5)				

Part E: Programs Not Listed

(1) List all other C&Y activities your Squadron participated in:

(Ex: Boy Scouts, Josh Program, Halloween Safety, Spinoza Bear and Children's Parties)

(2) Amount of donation made by: _____

a) Squadron _____ plus members _____ = Total \$ _____

(3) List activities your Squadron participated in:

(4) Amount of time: (Total hours) _____

Signed: _____ Signed: _____
Commander Children & Youth Chairman

Date: _____

Mail this form to: Jim Roberts
Detachment Adjutant
2691 Mount Pleasant Rd
Quincy, FL 32352