



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: Ed Sheubrooks  
 Detachment Adjutant  
 800 S Brocksmith Rd  
 Ft Pierce, FL 34945