



Squadron Name & Number _____ District #: _____

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 fund raising activities your Squadron participated in:

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

Part D: Five Star/Ten Ideas 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, Children's Parties, etc.)

(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: _____

Commander

Signed: _____ Date: _____

Children & Youth Chairman

This and all other reporting forms are available online as fillable PDFs at <https://floridasons.org/detachment-report-forms/>

Mail To: **Christian Rapp, Detachment Adjutant**

215 Greenwood Ave | Lehigh Acres, FL 33936

Alternately, you may email the form to adjutant@floridasons.org

DEADLINE: JUNE 1, 2024