



THIS FORM IS AVAILABLE ONLINE AS A FILLABLE PDF
Visit <https://floridasons.org/wp-content/uploads/2026/01/SQ-XXXX-AMER.pdf>

Squadron Number _____ Squadron Name _____ District _____

Address: _____, FL _____ Phone: (_____) _____

Current Volunteer Rate: \$ _____ per hour

Previous Year Membership: _____ Current Year Membership: _____

BOYS' STATE

Number of Boys _____
Cost \$ _____

BASEBALL

Baseball Teams Sponsored _____
Cost \$ _____

SCOUTING

Cost of Sponsorship \$ _____

ORATORICAL CONTEST

Squadron sponsored contest YES NO
Cost of Sponsorship \$ _____
Hours of participation _____

FLAG EDUCATION

Number of Flag Etiquette Programs _____
Cost of Sponsorship \$ _____
Number of Flag Retirements _____

SQUADRON PARTICIPATION

Flag Day Get Out And Vote July 4
Veterans Day Memorial Day Legion
Birthday 4 Chaplains Sunday

OTHER SQUADRON SPONSORSHIP

REMARKS

Certified By _____ Title: _____ Date: _____

Mail To: Christian Rapp, Detachment Adjutant
215 Greenwood Ave | Lehigh Acres, FL 33936

DEADLINE: MAY 15, 2027

Alternately, you may submit this report online at www.floridasons.org/report-submission