



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

Squadron Number _____ Squadron Name _____ District _____

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

Current Volunteer Rate: \$ _____ per hour

Previous Year Membership: _____ Current Year Membership: _____

Part A: Child Well-Being Foundation

(1) DONATIONS

a) Squadron: \$ _____ b) plus members: \$ _____ Total Donation: \$ _____

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

(3) Amount of time: (hours per member) _____ × \$ _____ = \$ _____

Part B: Special Olympics

(1) DONATIONS

a) Squadron: \$ _____ b) plus members: \$ _____ Total Donation: \$ _____

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

(3) Amount of time: (hours per member) _____ × \$ _____ = \$ _____

Part C: Children's Miracle Network

(1) DONATIONS

a) Squadron: \$ _____ b) plus members: \$ _____ Total Donation: \$ _____

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

(3) Amount of time: (hours per member) _____ × \$ _____ = \$ _____



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Part D: Five Star/Ten Ideals Program

Recipients Name	Date	Person Testing	Awards Received

Part E: Programs Not Listed

(1) DONATIONS

a) Squadron: \$ _____ b) plus members: \$ _____ Total Donation: \$ _____

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

(3) Amount of time: (hours per member) _____ × \$ _____ = \$ _____

Part F: Totals

Total Donations All C&Y Programs: Total All C&Y Program Hours: Cash Value All C&Y Hours (hours x current rate):
 \$ _____ _____ \$ _____

Certified By _____

Title: _____

Date: _____

DEADLINE: MAY 15, 2027