SONS OF THE AMERICAN LEGION

Consolidated Squadron Report

Purpose

The Consolidated Squadron Report (CSR) documents each Squadron's activities for the annual reporting period June 1 through May 31. When combined with reports from across the country, the data supports The American Legion's annual reporting to Congress, National leadership reporting, program evaluation, recognition, and communicating the collective impact of local service.

What to Report

- Report the activity your Squadron actually performed during June 1-May 31. You are not expected to complete every field.
- Leave items that do not apply blank. Do not enter zeroes.
- When exact figures are unavailable, use a reasonable estimate.
- For costs, donations, contributions, and other monetary fields, use a reasonable estimate when necessary and round to the nearest whole dollar. Do not report cents.

Reporting Entity Rule

Each reporting entity reports only its own activity. Squadron reports should include only Squadron activities and expenditures. District and Detachment reports should include only activity conducted or funded directly by that District or Detachment and should not duplicate or total subordinate Squadron activity.

Submit Online

MyLegion CPR/CSR reporting opens by early December. Commanders and Adjutants have access to complete and submit the report in MyLegion. Regardless of submission method, check with your Detachment and follow any earlier due date established for CSR reporting.

Fillable / Paper Submission

The fillable PDF may be completed electronically or printed and completed legibly by hand. If completing by hand, use black or dark blue ink. Submit the completed report to your Department by its established due date and retain a copy for your Squadron's records. All Squadron reports, whether completed electronically or by hand, should be submitted through the Department. Departments may forward completed reports to National Headquarters by scan/email or mail using the contact information below.

National Deadline

July 1 is the National deadline for CSR submissions. Your Detachment may establish an earlier due date. Check with your Detachment and follow the date it provides.

Detachment Reminder: July 1 is the final date for transmittal to National Headquarters for squadron reports to be included the national tabulation for awards at National Convention.

MAIL: **THE AMERICAN LEGION**
ATTN: IT/MEMBER SUPPORT SERVICES
P.O. BOX 1954
INDIANAPOLIS, IN 46206

SCAN & EMAIL: **CPRandCSRforms@legion.org**

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SONS OF THE AMERICAN LEGION | CONSOLIDATED SQUADRON REPORT

JUNE 1, to MAY 31,

Please check **one** box indicating the reporting entity level: ☐ Detachment ☐ District ☐ Squadron

1 _____ Detachment (State) **2** _____ District

3 _____ Squadron Number **4** _____ Squadron Name

5 _____ Paid-to-Date Membership Count, Current Year **6** _____ Paid-Up Final Membership Count, Prior Year

7 _____ City/Town **8** _____ Zip Code

If the reporting entity is a District (or Detachment) the entity agrees that their report of dollars and hours ONLY INCLUDES those approved and expended by Officers and Members of that entity, and ARE NOT cumulative of the Squadrons (or Squadrons and Districts) that they represent.

Please type or print all information clearly. For the program details below only mark lines for which you are reporting data (leave '0' values blank).

AMERICANISM

1 _____ Donations, **Boys State / Girls State**
2 _____ No. of Hours, **Boys State / Girls State**
3 _____ Donations, **5-Star / 10-Ideals Education**
4 _____ No. of Hours, **5-Star / 10-Ideals Education**
5 _____ Donations, **Flags Presented** (All Sizes/Events)
6 _____ No. of Hours, **Flags Presented** (All Sizes/Events)
7 _____ N/A
8 _____ No. of **Flags Presented** (All Sizes/Events)
9 _____ Donations, **Flag Education Programs**
10 _____ No. of Hours, **Flag Education Programs**
11 _____ Donations, **Scholarships Awarded**
12 _____ No. of Hours, **Other Educational Programs**
13 _____ Donations, **Oratorical Contest**
14 _____ No. of Hours, **Oratorical Contest**
15 _____ Donations, **Color Guard**
16 _____ No. of Hours, **Color Guard**
17 _____ Donations, **Other Organizations**
18 _____ No. of Hours, **Community Service**
19 _____ Donations, **Scouting**
20 _____ No. of Hours, **Scouting**
21 _____ Donations, **Junior Shooting Sports**
22 _____ No. of Hours, **Junior Shooting Sports**
23 _____ Donations, **American Legion Baseball**
24 _____ No. of Hours, **American Legion Baseball**
25 _____ Donations, **Other Teams Sponsored**
26 _____ No. of Hours, **Other Teams Sponsored**
27 _____ Donations, **Blood Drives**
28 _____ No. of Hours, **Blood Drives**
29 _____ Donations, **National Emergency Fund**
30 _____ No. of Hours, **National Emergency Fund**
31 _____ Donations, **Legacy Scholarship Fund**
32 _____ No. of Hours, **Legacy Scholarship Fund**
33 _____ Donations, **Other Americanism Projects**
34 _____ No. of Hours, **Other Americanism Projects**

CHILDREN & YOUTH

1 _____ Donations, **Child Welfare Foundation**
2 _____ No. of Hours, **Child Welfare Foundation**
3 _____ Donations, **Special Olympics**
4 _____ No. of Hours, **Special Olympics**
5 _____ Donations, **Children's Miracle Network**
6 _____ No. of Hours, **Children's Miracle Network**
7 _____ Donations, **Ronald McDonald House**
8 _____ No. of Hours, **Ronald McDonald House**
9 _____ Donations, **Children's Organ Trans. Assn.**
10 _____ No. of Hours, **Children's Organ Trans. Assn.**
11 _____ Donations, **T.A.L. Vets. and Child. Found.**
12 _____ No. of Hours, **T.A.L. Vets. and Child. Found.**
13 _____ Donations, **Other C&Y Projects**
14 _____ No. of Hours, **Other C&Y Projects**

VETERANS AFFAIRS & REHABILITATION

1 _____ Donations, **V.A. Medical Ctrs. & Facilities**
2 _____ No. of Hours, **V.A. Medical Ctrs. & Facilities**
3 _____ Donations, **State Veterans Facilities**
4 _____ No. of Hours, **State Veterans Facilities**
5 _____ Donations, **Nat'l Veterans Assist. Day**
6 _____ No. of Hours, **Nat'l Veterans Assist. Day**
7 _____ Donations, **Operation Comfort Warriors**
8 _____ No. of Hours, **Operation Comfort Warriors**
9 _____ Donations, **Fisher House**
10 _____ No. of Hours, **Fisher House**
11 _____ Donations, **Other VA&R Projects**
12 _____ No. of Hours, **Other VA&R Projects**
13 _____ Donations, **Homeless Veterans**
14 _____ No. of Hours, **Homeless Veterans**
15 _____ Donations, **Troop & Family Support**
16 _____ No. of Hours, **Troop & Family Support**

VETERANS EMPLOYMENT & EDUCATION

1 _____ Donations, **VE&E Projects**
2 _____ No. of Hours, **VE&E Projects**

INTERNAL AFFAIRS

1 _____ Other Donations, **Not Covered Above**
2 _____ Other Hours, **Not Covered Above**

Signature _____ Title _____ Date _____

DUPLICATE THIS FORM AS NECESSARY

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