

# DEPARTMENT S.C. YOUTH ACTIVITIES REPORTING FORM

MAIL THIS REPORT TO:  
VFW DEPARTMENT S.C.  
210 GLASSMASTER ROAD  
LEXINGTON, S.C. 29072



STATE YOUTH ACTIVITIES CHAIRMAN  
**OLIVER SMITH**  
803.786.1630

REPORT No. \_\_\_\_\_ POST/AUXILIARY No. \_\_\_\_\_ DISTRICT No. \_\_\_\_\_  
REPORTING PERIOD FROM: \_\_\_\_\_ TO \_\_\_\_\_ MEMBERSHIP GROUP \_\_\_\_\_  
DATE: \_\_\_\_\_

- ◆ **SPORTS/ATHLETICS** Describe:
  
- ◆ **SCOUTING/ORGANIZATIONS** Describe:
  
- ◆ **CONTEST/SPECIAL EVENTS** Describe:
  
- ◆ **EDUCATIONAL/INSTRUCTION** Describe:
  
- ◆ **RECOGNITION: SCOUT-OF-THE-YEAR AWARD ETC.** Describe:
  
- ◆ **PROJECTS/OTHER** Describe:

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*Total No. Programs/Projects this Report:* \_\_\_\_\_ *Total Monies Expended: \$* \_\_\_\_\_  
*Total Members Involved:* \_\_\_\_\_ *Total Hours:* \_\_\_\_\_ *Total Mileage X .14 cents per/mile:* \_\_\_\_\_  
**PREPARED BY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**POST/AUXILIARY No.** \_\_\_\_\_ **DISTRICT No.** \_\_\_\_\_ **MEMBERSHIP GROUP No.** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **S.C. ZIP:** \_\_\_\_\_