

**Sons of The American Legion  
Detachment of Wisconsin  
Vice Commanders Report**

Name \_\_\_\_\_ Date \_\_\_\_\_

*This is a check list to aide you as you compile your report, do not read this form as your report. Your report should include, a brief summary of what you have done, did you meet your goals, checked against what your plan of action, goals etc are for the next four months.*

District numbers in your area \_\_\_\_\_  
 Number of Squadrons in your area as of last D.E.C. \_\_\_\_\_  
 Total area membership as of last D.E.C. \_\_\_\_\_  
 Number of "Goose Egg" Squadrons in your area \_\_\_\_\_  
 Number of Squadrons at current goal \_\_\_\_\_  
 Number of Squadrons at 100% or more \_\_\_\_\_  
 Number of Squadrons at Final goal \_\_\_\_\_  
 Number of new Squadrons as of last D.E.C. \_\_\_\_\_  
 Contacts made to your Squadrons since last D.E.C. \_\_\_\_\_

List County, District, Department / National events you have attended since last D.E.C.

Event	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List events attended at Squadrons other than your own

Event	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Squadrons

Contacted	District	Spoke with	About	Needs Follow up