



2025-2026

SONS OF THE AMERICAN LEGION
DETACHMENT OF WISCONSIN

CONSOLIDATED SQUADRON REPORT

The Consolidated Squadron Report (CSR) is perhaps the most critical document a squadron can complete. CSR information is combined with other squadrons in creating a final report used by The American Legion, forwarded to the U.S. Congress, and used to apply and verify awards at the State and National Conventions.

Please complete this form with all of the pertinent information. Not all squadrons are able to participate in each aspect of every program and some lines will remain blank. However, the key is to report any activities that the squadron has accomplished for this membership year only.

Any District donations or activities accomplished as a District should be reported in a separate District report. Contact the Detachment Adjutant for a District form.

For options in submitting this, including help in figuring out what to include, please see www.wisal.org/consolidatedreport

If you can fill this out as a PDF, save it locally and then email it to adjutant@wisal.org

If you print this out to send in a paper copy, please mail so that it arrives by **June 1, 2026** to the address below.

5g nci UFY Wta dYhb[hY 7GFž fYgdcbgYg' a Um W' Zcf Z[i fYgž gi W' Ug' hY' bi a VYf' cZ j YHfUb' \ca Y' j]g]hg' cf' hY' bi a VYf' cZ \ci fg' j c' i bhYYfYX' hc' U' dUfh]W' Uf' dfc[fUa "' ' CHYf' dfc[fUa gž' gi W' Ug' HAY' 5a Yf]Wlb' @Y[]cb' BUh]cbU' 9a Yf[YbVh: i bXž fYei Ygh hY' bi a VYf' cZ Xc' Ufg' XcbUHYX' cf' gdYbh' ' 5' ZY'Xg' k]h' U' z' d'YUgY' YbhYf' hY' monetary value rounded up in k \c'Y'Xc' Ufg'

It is imperative that the form be legible for compilation purposes.

DISTRIBUTION OF FORM

Save and email to: adjutant@wisal.org

Mail so it arrives by June **1, 2026** to:
Sons of The American Legion
Detachment of Wisconsin
PO Box 388
Portage, WI 53901-0388



SONS OF THE AMERICAN LEGION | CONSOLIDATED SQUADRON REPORT

JUNE 1, to MAY 31,

Please check **one** box indicating the reporting entity level:

<input type="checkbox"/> 1 _____ Detachment (State)	Detachment	<input type="checkbox"/> 2 _____ District	District	<input type="checkbox"/> 3 _____ Squadron Number	Squadron	<input type="checkbox"/> 4 _____ Squadron Name
<input type="checkbox"/> 5 _____ Paid-to-Date Membership Count, Current Year (2026)		<input type="checkbox"/> 6 _____ Paid-Up Final Membership Count, Prior Year (2025)		<input type="checkbox"/> 7 _____ City/Town		<input type="checkbox"/> 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

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

CHILDREN & YOUTH

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

VETERANS AFFAIRS & REHABILITATION

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

VETERANS EMPLOYMENT & EDUCATION

<input type="checkbox"/> 1 _____ Donations, VE&E Projects	<input type="checkbox"/> 2 _____ No. of Hours, VE&E Projects
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INTERNAL AFFAIRS

<input type="checkbox"/> 1 _____ Other Donations, Not Covered Above	<input type="checkbox"/> 2 _____ Other Hours, Not Covered Above
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Name	Title	Date
Phone	Email	