

# ANNUAL CAMP AMERICAN LEGION REPORT

**COUNTY**

**CABANE NO.**

**YEAR**

**MEMBERSHIP**

(As of May 31)

*Note: Activities need an explanation (please attach worksheet).*

Activities	Hours Worked	Miles Traveled	Individual Donations	Cabane Donations
Cash Donations				
Fund Raisers				
Assistance & Services Rendered for Camp American Legion				
Donations of Materials & Items				
Other Camp American Legion Activities (explain)				
<b>Grand Totals</b>				

<b>Total hours</b>		<b>X \$10.00</b>	
<b>Total miles</b>		<b>X \$1.00</b>	
<b>Total individual donations</b>			
<b>Total Cabane donations</b>			
<b>GRAND TOTAL</b>			
<b>Signed by:</b>			

# WORKSHEET

Cabane Locale	Membership as of May 31			
<i>Explanation of Activities</i>	<i>Hours Worked</i>	<i>Miles Traveled</i>	<i>Individual Donations</i>	<i>Cabane Donations</i>
Total				