

Secretary:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: (____) _____

Email: _____

Treasurer:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: (____) _____

Email: _____

Patriotic Instructor:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: (____) _____

Email: _____

Chaplain:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: (____) _____

Email: _____

Graves Registration Officer:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: (____) _____

Email: _____

Historian:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: (____) _____

Email: _____

Civil War Memorials Officer:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: (____) _____

Email: _____

Eagle Scout Coordinator:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: (____) _____

Email: _____

Attach Camp Roster to this report

Living Past Commanders:

Name (First, Middle, Last) Year(s) Served as Commander

Name (First, Middle, Last) Year(s) Served as Commander

Name (First, Middle, Last) Year(s) Served as Commander

Name (First, Middle, Last) Year(s) Served as Commander

Name (First, Middle, Last) Year(s) Served as Commander

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Name (First, Middle, Last) Year(s) Served as Commander

Name (First Middle, Last) Year(s) Served as Commander

Name (First, Middle, Last) Year(s) Served as Commander

Name (First Middle, Last) Year(s) Served as Commander

Use additional pages to complete Living Past Commander's List

Financial Information

The following Camp Council Members conducted a review of the Camp's Financial Books and Accounts on: _____
Date

Council Member 1 (Signature and Printed Name)

Council Member 2 (Signature and Printed Name)

Council Member 3 (Signature and Printed Name)

Installing Officer

Installing Officer (Signature and Printed Name) _____ Date

Camp Secretary and Commander

Camp Secretary (Signature and Printed Name) _____ Date

Camp Commander (Signature and Printed Name) _____ Date

Department Secretary

Received at Department Headquarters on this date: _____

Department Secretary (Signature and Printed Name)