DISTRICT & COUNTY COMMANDERS SQUADRON EVALUATION FORM

Squadron Name: _____ #_____District #_____County_____

Date: _____ Time Convened: _____Time Adjourned_____

ATTENDANCE: Officers Present_____ Regular Members Present_____ Total Present_____

At the Meeting:	Yes	No
1. Membership Cards checked?	____	____
2. Salute Flag at start of meeting?	____	____
3. Chaplain gives opening prayer?	____	____
4. Pledge of Allegiance recited?	____	____
5. Recite preamble to Constitution?	____	____
6. POW/MIA ceremony performed?	____	____
7. Blue Star Salute ceremony performed?	____	____
8. Chaplain gives closing prayer?	____	____
9. Salute flag at end of meeting?	____	____
10. Did officers wear their caps?	____	____
11. Was Legion Advisor present?	____	____

Comments on the meeting:

_____

_____

_____

Donations/Activities: _____

_____

District/County Commander _____

Squadron Commander_____

Please fill out completely and mail to: John Waite

1034 Main Street
N.Walpole, NH 03609
detadjvt@gmail.com