



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:

Marc Colety

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Arlington, VT 05250

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