

**DUGOUT ACTIVITIES REPORT FROM JULY 1 \_\_\_ TO JUNE 30 \_\_\_**  
**THIS REPORT MUST BE SENT TO IMPERIAL PRIOR TO JULY 10<sup>TH</sup> \_\_\_**

Dugout # \_\_\_\_\_ Location \_\_\_\_\_ Total Dugout members \_\_\_\_\_

POINT SYSTEM: Dugout contributed(\$1-\$99-5Points)(\$100-\$399-10Points)(\$400-\$750-15Points)(\$750-\$1500-20Points)  
 (over \$2500-25Points)

DONATIONS TO IMPERIAL FUNDS	AMOUNT	POINTS
1. Imperial Headquarters (General Fund)	\$ _____	\$ _____ max 25
2. Imperial Headquarters (Rehab, van and or VAVS)	\$ _____	\$ _____ max 25
3. Imperial Headquarters (Building Maintenance Fund)	\$ _____	\$ _____ max 25
4. Imperial Headquarters (Publication Fund)	\$ _____	\$ _____ max 25
<b>TOTAL POINTS 1 - 4</b>		_____

1. How many NEW members in dugout from July 1-June 30<sup>th</sup>. \_\_\_\_\_ 5 points for each=TOTAL POINTS \_\_\_\_\_
  2. How many SCAVVIES did your dugout initiate \_\_\_\_\_ 5 points for each=TOTAL POINTS \_\_\_\_\_
  3. How many dugout members PARTICIPATED at Sector Rendezvous \_\_\_\_\_ 5 points each=TOTAL POINTS \_\_\_\_\_
  4. How many HOSPITAL affairs did dugout take part in \_\_\_\_\_ 10 points for each=TOTAL POINTS \_\_\_\_\_
  5. How many needy Brothers, Veterans, Wives, Widows assisted by dugout \_\_\_\_\_ 5 points each=TOTAL POINTS \_\_\_\_\_
  6. How many Civic and Patriotic affairs did the dugout take part in \_\_\_\_\_ 5 points for each=TOTAL POINTS \_\_\_\_\_
  7. Does dugout have an active Rat Trap ALLEY CATS if yes \_\_\_\_\_ 10 points =TOTAL POINTS \_\_\_\_\_
  8. Dugout Rendezvous this year with quorum \_\_\_\_\_ 5 points for each =TOTAL POINTS \_\_\_\_\_
  9. Dugout donations to any DAV Chapter \$ \_\_\_\_\_ VAVS Hospital \_\_\_\_\_ COMMUNITY \_\_\_\_\_
- USE ABOVE POINT SYSTEM FOR EACH TOTAL POINTS \_\_\_\_\_
- TOTAL POINTS 5 - 13 Equals \_\_\_\_\_**

**\*\*\*\*\*PLEASE HELP US WITH THE FOLLOWING INFORMATION\*\*\*\*\***

HOW MANY MAN HOURS DID YOUR DUGOUT VOLUNTEER AT ANY VA CLINIC TOTAL HOURS \_\_\_\_\_  
 LOCATION OR NAME OF CLINIC \_\_\_\_\_

HOW MANY MAN HOURS DID YOUR DUGOUT VOLUNTEER AT ANY VA HOSPITAL TOTAL HOURS \_\_\_\_\_  
 LOCATION OR NAME OF HOSPITAL \_\_\_\_\_

HOW MANY MILES DRIVEN BY DUGOUT VOLUNTEERS \_\_\_\_\_ TOTAL HOURS \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF DUGOUT REG OR DGR

\_\_\_\_\_  
 DATE

**\*\*\*\*\*PLEASE USE BACK SIDE OF FORM FOR ANY ADDITIONAL INFORMATION\*\*\*\*\***