**DUGOUT ACTIVITIES REPORT FROM JULY 1, 20\_\_\_ TO JUNE 30, 20\_\_\_**

**THIS REPORT MUST BE SENT TO IMPERIAL PRIOR TO JULY 10, 20\_\_\_**

**Dugout #\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Dugout Members\_\_\_\_\_\_\_**

**POINT SYSTEM:** Dugout contributed ($1-$99 = 5 Points)($100-$399=10 Points)

 ($400-$750=15 Points)($750-$1500=20 Points)(over $2500=25 Points)

**DONATIONS TO IMPERIAL FUNDS AMOUNT POINTS**

1. Imperial Hdqtrs (General Fund) $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_max 25
2. Imperial Hdqtrs (Rehab, Van, VAVS) $­­­­\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_max 25
3. Imperial Hdqtrs (Publication Fund) $­­­­­\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_max 25

**TOTAL POINTS 1-3 \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. How many NEW members in Dugout July 1-June 30? \_\_\_\_5 Pts ea = ­­­­­­­­­­\_\_\_\_\_
2. How many scavvies did your dugout initiate? \_\_\_\_ 5 Points ea = \_\_\_\_\_\_\_\_
3. How many dugout members Participated at Sector Rendezvous?\_\_\_\_\_5 Pts ea=\_\_\_\_\_\_\_
4. How many Hospital affairs did dugout take part in?\_\_\_\_\_10 Points ea =\_\_\_\_
5. How many Veterans, Wives, Widows assisted by dugout?\_\_\_\_5 Points ea =\_\_\_\_\_
6. How many Civic/Patriotic affairs did the dugout take part in?\_\_\_\_\_5 Pts ea =\_\_\_\_\_
7. Dugout Rendezvous this year with quorum? \_\_\_\_\_\_5 Points ea = \_\_\_\_\_\_\_\_
8. Dugout donations to any VAVS Hospital $\_\_\_\_\_\_ Community $\_\_\_\_\_\_\_\_ use above point system for each.

**TOTAL POINTS 1-8 \_\_\_\_\_\_\_\_\_\_\_**

 **Total Points 1-3\_\_\_\_\_ Total Points 1-8\_\_\_\_\_\_ Equals\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*Please help us with the following information\*\*\***

How many hours did your dugout volunteer at any VA Clinic Total Hrs\_\_\_\_

Location or name of Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours did your dugout volunteer at any VA Hospital Total Hrs\_\_\_\_

Location or name of Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many miles driven by Dugout Volunteers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dugout REG or DGR­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*Please use back side of form for any additional information.\*\*\*\*\*