



Reporting period:  
For one calendar year ending June 30, \_\_\_\_\_

# ANNUAL CAMP REPORT

## Sons of Confederate Veterans

- Army of Northern Virginia  
 Army of Tennessee  
 Army of Trans-Mississippi

Camp: \_\_\_\_\_ No.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

Cmd. \_\_\_\_\_ Adj. \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Res. ( ) \_\_\_\_\_ Bus. ( ) \_\_\_\_\_ Phone Res. ( ) \_\_\_\_\_ Bus. ( ) \_\_\_\_\_

|   |  |  |
|---|--|--|
| 1. Paid members on June 30 of prior year .....                        |  |  |
| 2. New members .....  |  |  |
| 3. Members transferred from other camps .....                         |  |  |
| 4. Members reinstated from prior years .....                          |  |  |
| 5. TOTAL OF ITEMS 1 – 4 .....   |  |  |
| 6. Members who did not pay dues or resigned .....                     |  |  |
| 7. Members transferred to other camps .....                           |  |  |
| 8. Deaths .....   |  |  |
| 9. TOTAL OF ITEMS 6 – 8 .....   |  |  |
| 10. Paid members at end of year ITEM 5 MINUS ITEM 9 .....             |  |  |
| 11. Net change from June 30 of prior year ITEM 10 MINUS ITEM 1* ..... |  |  |

\*Use minus sign if item 10 is less than item 1

Number of meetings this reporting period? \_\_\_\_\_ Number of special meetings this reporting period? \_\_\_\_\_

New officers take command in \_\_\_\_\_ Term of office  1- year  2-year

Regular meeting day and site \_\_\_\_\_

NUMBER OF LIVING "REAL SONS" \_\_\_\_\_

ACCOMPLISHMENTS \_\_\_\_\_

PROBLEMS \_\_\_\_\_

COMMENTS (USE ADDITIONAL SHEETS IF NECESSARY)

Report prepared by:

Distribution: 1- SCV HQ, 1- DIV. CMD., 1-DIV. ADJ. 1- CAMP FILE Name \_\_\_\_\_

Unassigned camps: : 1- SCV HQ, 1- ARMY CMD., 1- CAMP FILE Title \_\_\_\_\_ Date \_\_\_\_\_