



Texas Society Order of Confederate Rose™, Inc.  
Yearly Chapter Reporting

**June 1, 2024 to May 31, 2025**

**(This report must be submitted to the Director by May 15)**

Chapter Name: \_\_\_\_\_ Chapter #: \_\_\_\_\_ City: \_\_\_\_\_

Chapter Rep Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of:

Reg Members Life: \_\_\_\_\_ Legacy: \_\_\_\_\_ Black Rose: \_\_\_\_\_ Gentlemen Greys: \_\_\_\_\_ Golden Rose: \_\_\_\_\_

Number of Deceased Members this year: \_\_\_\_\_

Name(s): \_\_\_\_\_

Number of names to be removed from the roll: \_\_\_\_\_ (List names on separate page)

Number of New Members: \_\_\_\_\_ Number of meetings this year: \_\_\_\_\_ Average attendance: \_\_\_\_\_

Were all Dues in by May 1st? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If any member paid after May 1<sup>st</sup>, answer no)

Was Chapter' Yearly Report filed by May 15th deadline to Director: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Attendance at General Business Meetings: \_\_\_\_\_ Annual: \_\_\_\_\_ National SCV Reunion: \_\_\_\_\_  
(Count each member per meeting)

Number of photos or articles contributed to:

TSOCR Rose Petal Newsletter: \_\_\_\_\_ TSOCR Facebook Page: \_\_\_\_\_ Local Newspaper: \_\_\_\_\_

How many programs have been presented by your Chapter members: \_\_\_\_\_

List details on separate page: Who, Where, Program Topic, how many times presented.

How many Black Rose ceremonies? Memorials: \_\_\_\_\_ Dedications: \_\_\_\_\_

How many Parades: \_\_\_\_\_ (include only those who attended in period dress)

Hospitality Duties for SCV Camp #(s): \_\_\_\_\_

Total for each of the following: Parties: \_\_\_\_\_ Camp Meeting: \_\_\_\_\_ Balls: \_\_\_\_\_

Dedications/Memorials: \_\_\_\_\_ Worked recruiting booth: \_\_\_\_\_

If any of the follow is YES, please report how many next to the event. Otherwise leave blank

Re-enactments: Attended \_\_\_\_\_ Participated: \_\_\_\_\_ Co-Hosted: \_\_\_\_\_

Living History: Attended \_\_\_\_\_ Participated: \_\_\_\_\_ Co-Hosted: \_\_\_\_\_

Historical Marker Dedication: Attended \_\_\_\_\_ Participated \_\_\_\_\_ Co-Hosted: \_\_\_\_\_

School Programs: Attended \_\_\_\_\_ Participated \_\_\_\_\_ Co-Hosted \_\_\_\_\_

Cemetery Work: Placing flags: \_\_\_\_\_ Clean up: \_\_\_\_\_ Research: \_\_\_\_\_ Registration: \_\_\_\_\_

Number of members who donated to Dixie Belle: \_\_\_\_\_

Did Chapter Donate to Dixie Bell? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Donations by Chapter- Item donated and to what organization(s):

\_\_\_\_\_  
\_\_\_\_\_

Did Chapter members donate to Silent Auction: Yes: \_\_\_\_\_ No: \_\_\_\_\_ How many items: \_\_\_\_\_

Did Chapter sell TSOCR merchandise? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did Chapter have an event which included your Legacy Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does any Rose Member provide their talents to the SCV? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Who: \_\_\_\_\_ Service: \_\_\_\_\_

Who: \_\_\_\_\_ Service: \_\_\_\_\_

Who: \_\_\_\_\_ Service: \_\_\_\_\_

YES OR NO

Community Service Project: \_\_\_\_\_ Explain what and how many hours on separate page  
Please list the details on the above events and any not mentioned on a separate type written  
page. These yearly reports may be included in the Annual Packet as well as being  
summarized and discussed at September General Business meeting.

Community Service Project Details: