



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 \_\_\_\_\_