

# GRANDE VOITURE du CALIFORNIA, Inc. CONSOLIDATED REPORT FORM

Report Date: \_\_\_\_\_

Voiture: \_\_\_\_\_ District: \_\_\_\_\_

Chef de Gare: \_\_\_\_\_ Correspondant: \_\_\_\_\_

## AMERICANISM

THIS PERIOD   YTD

(A) # of Patriotic, Youth, Civic, School, and Holiday events attended.

\_\_\_\_\_

(B) Pins Sold \_\_\_\_\_ \$

(C) Flags for 1<sup>st</sup> Graders \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

(D) Miles traveled @ 0.50 \_\_\_\_\_ \$

Voyageur's hours @ \$5.00 \_\_\_\_\_ \$

(E) Money expended on Americanism \_\_\_\_\_ \$

Total Americanism \_\_\_\_\_ \$ \_\_\_\_\_ \$

## CARVILLE STAR:

(A) Star Subscriptions \_\_\_\_\_ \$

Equipment Fund Donations \_\_\_\_\_ \$

(B) # of National Star Pins Sold \_\_\_\_\_ YTD

(C) # Buy a Cntry/Clinic \_\_\_\_\_ \$

Total CARVILLE STAR Activity \_\_\_\_\_ \$ \_\_\_\_\_ \$

## CHILD WELFARE:

(A) Cash Donations \_\_\_\_\_ \$

(B) # of Child Welfare Pins Sold \_\_\_\_\_ YTD

(C) Miles traveled @ 0.50 \_\_\_\_\_ \$

Voyageur's hours @ \$5.00 \_\_\_\_\_ \$

Total CHILD WELFARE Activity \_\_\_\_\_ \$ \_\_\_\_\_ \$

## NURSES TRAINING:

(A) # of Nurses Graduated \_\_\_\_\_ # of Nurses in Training \_\_\_\_\_

(B) # you plan on sponsoring next year \_\_\_\_\_

(C) # of Nurses Training Pins sold \_\_\_\_\_ YTD

(D) Miles traveled @ 0.50 \_\_\_\_\_ \$

Voyageur's hours @ \$5.00 \_\_\_\_\_ \$

(E) Locale Reserve Fund (Report annual Only) \_\_\_\_\_ \$

Total Nurses Training Activity \_\_\_\_\_ \$ \_\_\_\_\_ \$

## POW/MIA

(A) # of POW/MIA Pins sold \_\_\_\_\_ YTD

(B) Scholarship Monies donated \_\_\_\_\_ \$

(C) Miles traveled @ 0.50 \_\_\_\_\_ \$

Voyageur's hours @ \$5.00 \_\_\_\_\_ \$

Total POW/MIA Activity \_\_\_\_\_ \$ \_\_\_\_\_ \$

## YOUTH SPORTS

(A) # of Youth Sports Pins sold \_\_\_\_\_ YTD

(B) Miles traveled @ 0.50 \_\_\_\_\_ \$

Voyageur's hours @ \$5.00 \_\_\_\_\_ \$

Total Youth Sports Activity \_\_\_\_\_ \$ \_\_\_\_\_ \$

NBCA National Box Car Association	Pins	_____	@ \$5.00ea		
	Crew Cards	_____	@ \$1.00ea		
	Associate Cards	_____	@ \$1.00ea		
				Total	\$ _____ \$ _____

#### VAVS PROGRAMS

(A)	Miles traveled	@ 0.50	_____	\$ _____	
	Voyageur's hours	@ \$5.00	_____	\$ _____	
(Includes Reps, Deputies, etc.)					
(B)	VA Hospitals, Clinic, etc served		_____		
Total	VAVS Program			\$ _____	\$ _____

#### RITUAL

(A)	# of Initiations _____	# of Installations _____	(Includes both American Legion and 40 & 8)		
(B)	Wrecks at Home _____	Wrecks Away _____			
	1. Formal PG's _____	Active PG's _____			
	2. Cost of Wrecks (includes materials, transportation etc.)	\$ _____			
(C)	# of Promenades _____	Total Attendance _____			
(D)	Miles traveled	@ 0.50	_____	\$ _____	
	Voyageur's hours	@ \$5.00	_____	\$ _____	
Total	Ritual			\$ _____	\$ _____

#### SPECIAL AWARDS:

(A)	Law Officer of the Year	Yes _____	No _____
(B)	Hero of the Year	Yes _____	No _____
(C)	City or Town of the Year	Yes _____	No _____
(D)	Voyageur of the Year	Yes _____	No _____

#### VOITURE VISITATION PROGRAM

(A)	# of Voiture Locaux Visited _____	(Explain each visit, # participating, hours, miles, and purpose)			
_____					
_____					
_____					
(B)	Miles traveled	@ 0.50	_____	\$ _____	
	Voyageur's hours	@ \$5.00	_____	\$ _____	
Total	Visitations			\$ _____	\$ _____

#### TOTAL of all PROGRAMS of VOITURE LOCALE

		\$ Spent	\$ _____	\$ _____
		@ 0.50ea		
Miles	_____		\$ _____	\$ _____
		@ 5.00ea		
Hours	_____		\$ _____	\$ _____

CORRESPONDANT LOCAUX should have this report to their District Grand Cheminot before the Grandes Cheminots Meetings, normally in October and February, and the Grande Promenade in June so that he/she may compile their report.

It is requested that the DISTRICT GRAND CHEMINOTS read the TOTAL PROGRAM Section when reporting. A copy of the combined District Report (that includes ALL Locales in the District) should be handed to the Grand Correspondant following your verbal report. District Grand Cheminots may verbalize other special activity not included in the written report.

Thanks to everyone for your help with complete reports.

Joseph R. Donovan  
Grand Correspondant