



# SQUADRON OFFICERS REPORT 2019-2020

## DETACHMENT OF NEW HAMPSHIRE

SQUADRON NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIPCODE \_\_\_\_\_ POST PHONE# \_\_\_\_\_ DISTRICT# \_\_\_\_\_

SQUADRON MEETING DATES \_\_\_\_\_ TIME \_\_\_\_\_

Commander \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ PHONE # \_\_\_\_\_

First Vice Commander: \_\_\_\_\_ PHONE # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second Vice Commander: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Adjutant: : \_\_\_\_\_

ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ PHONE # \_\_\_\_\_

Finance Officer: : \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE# \_\_\_\_\_

Chaplain: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Historian: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sgt@Arms: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Squadron Advisor: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Squadron Adjutant Signature \_\_\_\_\_

Installing Officer \_\_\_\_\_ Title \_\_\_\_\_

**It is imperative that this listing be completed and forwarded to Detachment Headquarters. The roster and mailing lists are compiled from this information. Your promptness will be appreciated.**

\*\*If the list is missing information, it will need to be returned to be completed.