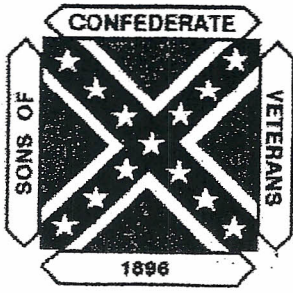


Sons of Confederate Veterans



Missouri Division Annual Camp Report

THIS REPORT IS DUE NO LATER THAN 1 FEBRUARY _____

CAMP _____ NO. _____

CITY _____, MISSOURI

COMMANDER _____	ADJUTANT _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____	CITY _____ STATE _____
ZIP CODE _____ PHONE _____	ZIP CODE _____ PHONE _____

- [1] NUMBER OF REGULAR PAID CAMP MEMBERS AS OF 1 JANUARY _____
- [2] PLEASE REMIT \$4 FOR EACH MEMBER ON LINE [1]
* If you have already made partial payments deduct that amount
- [3] TOTAL AMOUNT ENCLOSED \$ _____
- [4] PLEASE ENCLOSE A CURRENT COPY OF YOUR CAMP ROSTER
- [5] NUMBER OF CAMP MEETINGS THIS CALENDAR YEAR _____

[6] ACCOMPLISHMENTS: (to be listed in the Missouri Division Convention Program) _____

_____ *use additional sheets if necessary

[7] PROBLEMS: _____

[8] COMMENTS: _____

REPORT PREPARED BY:

NAME _____
TITLE _____
DATE _____