

## CAVALCADE OF MEMORIES

UNIT NO: \_\_\_\_\_ UNIT TOWN: \_\_\_\_\_ DISTRICT #: \_\_\_\_\_

### Program Activities

**Does your Unit:**

- |  |   |                          |     |                          |    |
|--|---|--------------------------|-----|--------------------------|----|
| 1 Have a Cavalcade of Memories?  | 1 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 2 Have a room / area to display items?<br><i>If yes, please describe</i> _____ | 2 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

*If no, do you have a place for awards, plaques, etc.?* \_\_\_\_\_

- |   |   |                          |     |                          |    |
|---|---|--------------------------|-----|--------------------------|----|
| 3 Have photo albums / scrap-books available for members to view?                | 3 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 4 Have important documents stored?<br><i>If yes, how are they stored?</i> _____ | 4 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

- |  |   |                          |     |                          |    |
|--|---|--------------------------|-----|--------------------------|----|
| 5 Plan to change / improve your displays?          | 5 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 6 Have junior histories / records included?        | 6 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 7 Include Cavalcade of Memories at a unit meeting? | 7 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

## HISTORY

UNIT NO: \_\_\_\_\_ UNIT TOWN: \_\_\_\_\_ DISTRICT #: \_\_\_\_\_

UNIT HISTORIAN \_\_\_\_\_

**Did your Unit:**

- |   |   |                          |     |                          |    |
|---|---|--------------------------|-----|--------------------------|----|
| 1 Keep an annual History?   | 1 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 2 Enter the History in the 2008-2009 in District Competition?   | 2 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 3 Plan to submit a 2009-2010 narrative story of Unit activities and send to the Department by July 1, 2010 for the Bound History? | 3 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 4 Junior group submit a History for judging?  | 4 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 5 Junior group submit a History report to Department?   | 5 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 6 Participate in the "Veteran's History Project"  | 6 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 7 How many total interviews were conducted? _____   | 7 |                          |     |                          |    |

(a) Number of Video **Veteran** interviews \_\_\_\_\_ Audio **Veteran** interviews \_\_\_\_\_

(b) Number of Video **Civilian** interviews \_\_\_\_\_ Audio **Civilian** interviews \_\_\_\_\_

8 How many interviews were submitted to the Library of Congress? \_\_\_\_\_

(a) Describe information gathering methods for this project \_\_\_\_\_

9 Describe the ways History was promoted in your Unit \_\_\_\_\_

**Return this annual report form to Department Headquarters by May 1, 2010**

Submitted by 2009-10 Department Historian, JoAnn Ward