NSSAR Color Guard Youth Sarah Fulton Award Reporting Form

Name of Guardsman:

Chapter:

State Society:

District:

If Member: National Number: State Number:

Submitted by the State/Chapter Color Guard Commander? Yes No

This report covers Color Guard Service from: to:

Year 1

Event/Date

Event/Date

Event/Date

Year 2

Event/Date

Event/Date

Event/Date

Year 3

Event/Date

Event/Date

Event/Date

State/Chapter President or Color Guard Commander I _____

do hereby affirm that _____ has met the requirements of the Youth Color Guard Medal and attended at least three-chapter, state, district or national

events or a mixture of events and actively participated with the (State/Chapter)

_____ Color Guard for at least three years since he/she began active service.

Signed_____ Date_____