



District Meeting Information

Please fill out this sheet and return it to the Department office who will share it with the Department President. **Information must be received by March 20, 2017.**

District Number: _____ Meeting Date: _____ Time: _____

Meeting Location: (name or church, etc.) _____

Meeting Town: _____

Yes No Is there a social event (other than a meal) for everyone before the meeting?
If yes, list details: _____

Yes No Is there a social event (other than a meal) just for Department guests before the meeting?
If yes, list details: _____

Yes No Is there a meal or similar event for everyone before the meeting?
Location _____
Time: _____ Cost of meal: _____
Who is hosting the meal? _____

Yes No Is there a meal or similar event just for Department guests before the meeting?
If yes, list details: _____

Yes No Will the Auxiliary meet for a meal with the Legion following the meeting?
If yes, list details: _____

Yes No Will the Auxiliary have its own meal following the meeting?
If yes, list details: _____

Other details to share: _____

Submitted by: _____