



District 4 Meeting Sign-In & Registration	
Meeting Date:	Meeting Time:
Location:	
Registration fee: \$3.00	
<ul style="list-style-type: none">• Guests: Please sign the last page with your Name, Unit Town and Unit #. Guests do not pay the registration fee.	
<ul style="list-style-type: none">• Host Unit: List the attendance count on the last page of this document and present to the District President when registration has ended.	
<ul style="list-style-type: none">• Host Unit: Present all registration funds to the District President upon completion of Registration.	

Unit Town	Unit #	Member Name	Paid
Carrington	25		
Fessenden	33		

Unit Town	Unit #	Member Name	Paid
McClusky	124		
McHenry	160		
Medina	245		
New Rockford	30		

Guests Sign-In Below - Guests do not pay registration			
Unit Town	Unit #	Guest Name	\$.00

District 4 Fall/Spring Meeting Date: _____

Enter Number of Guests: _____

Enter number of Unit Members in attendance: _____

Total Attendance: _____

Total Registration Fees: _____

Host Unit/Registration Chair: Present this entire document to the District President when registration has ended.

District President: Please scan / fax/ mail a copy of this sheet to the Department Office as soon as possible after the Fall/Spring Meetings.