(Submit to District Commander/Chairman by March 15, 2026)

	Ī			
DISTRICT	DISTRICT COM	MMANDER / CHAIRMAN NAM	ME	
E-MAIL ADDRESS			PHONE NUMBER HOME	
			0	
NAME		TITLE i.e. Commander, Member, President, Teacher	POST / SQUAD / UNIT / SCHOOL	CELL PHONE Important for Dept. Staff
		1	TOTAL NUMBER	ATTENDING
LUNCHEON \$20.00/PERSON • Payment Enclosed TOTAL AMOUNT				