



DISTRICT REPRESENTATIVE ADVANCED INFORMATION FORM

SOP No. 1-b 24 Mar 2012

This form may be emailed or printed using the buttons provided. If printed please mail this form to both the District Commander and District Executive Officer at the addresses shown.

To D/C **Email**

Address **City** **ST** **ZIP**

Copy To DXO **Email**

Address **City** **ST** **ZIP**

From **Squadron**

We are requesting the attendance of a District 9 representative at the following event:

Event **Date** **Time**

Location

Uniform for Members (Please Select)

Tie (Please Select)

Dress for Guests (Please Select)

District Officer Flag (Please Select)

Can the Squadron
Provide Lodging
if Requested?

Yes
 No

**General
Program
Information**

**Additional
Information**

If Change of Watch:

Incoming Cdr Email

**Squadron
Contact Name**

Home Phone

**Contact
Address**

Business Phone

Cell Phone

Email

(Revised 31 Mar 2012)