

VISITATION REPORT FORM

DATE OF VISITATION: ____/____/____

YOUR RESIDING TOWN: _____ CHAPTER _____

CHAPTER VISITED: _____

PROJECT ATTENDED: _____

NAMES OF VISITING MEMBERS	LOCAL	STATE OFFICER TITLE
1. _____	II	II _____
2. _____	II	II _____
3. _____	II	II _____
4. _____	II	II _____
5. _____	II	II _____
6. _____	II	II _____
7. _____	II	II _____
8. _____	II	II _____

ACTUAL ROUND TRIP MILES: _____

TOTAL CHAPTER MILES: _____

SIGNATURE OF VISITED CHAPTERS PRESIDENT

Each form must be turned in by parade deadline of the current trimester in order for it to be counted in that trimester.