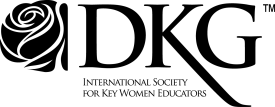
**The Delta Kappa Gamma Society International**

**Society for Key Women Educators**

**Florida (Mu) State Organization**

**Chapter Visit Request Form**

Date: Click or tap to enter a date.

**Chapter/s requesting visit** Click or tap here to enter text. **District** Click or tap here to enter text.

Contact Name Click or tap here to enter text.

Address Click or tap here to enter text.

City Click or tap here to enter text. State Click or tap here to enter text. Zip Click or tap here to enter text.

Phone Click or tap here to enter text. Email Click or tap here to enter text.

**Meeting Date, Time, Location:**

First Choice Click or tap here to enter text.

Second Choice Click or tap here to enter text.

Third Choice Click or tap here to enter text.

**Officer will be …**

Guest, bringing greetings from state/International

Presenter, topic: Click or tap here to enter text.

Conducting Initiation Ceremony

Installing Officers

Other Click or tap here to enter text.

**If the state president is not available, would you like another state officer to visit? Yes No**

**Did your chapter request a visit from the state president last year? Yes  No**

**Did your chapter receive a visit from a state officer or district director last year? Yes  No**

**Please list visitors -**

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**Send one copy to the State President and retain a copy for your files.**