**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.**