



Let's Sparkle!

The Delta Kappa Gamma Society International
Eta State NC Organization

Chapter Visit Request Form 2017-2019

Date \_\_\_\_\_

Chapter/s Requesting Visit \_\_\_\_\_ Region \_\_\_\_\_

Chapter President \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Chapter Contact Name (if other than president) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Meeting Date, Time, Location:

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

Officer will be

- Guest
Presenter, topic:
Conducting Initiation Ceremony
Installing Officers
Birthday Celebration: Years
Other

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 regional director last year? Yes No

If so, please list officers

\_\_\_\_\_

Send one copy to the State President by October 1, 2018 and retain a copy for your files.

President Connie P. Savell cps2017eta@gmail.com