



Daughters of Penelope
Delta District 16

DISTRICT CONVENTION CHAPTER DELEGATE/ALTERNATE REPORTING FORM

Chapter # _____ Chapter Name _____

Date Meeting Held: _____ Number in Attendance _____

DELEGATES:

	<u>Name</u>	<u>National ID</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

ALTERNATES

	<u>Name</u>	<u>National ID</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

NO Delegates from our chapter will be attending the District Convention. _____
President Confirm by Signing

Signed: _____ Date: _____ Signed: _____ Date: _____
Chapter President Chapter Secretary