

REQUEST FOR LWML CNH DISTRICT REPRESENTATIVE VISIT

DATE: _____

Name/Number of Zone: _____

Type of Activity: _____

Theme or Program Topic: _____

Date of Event: _____

Location: _____

REPRESENTATIVE REQUESTED (CHECK ONE):

- District President
- Vice President Convention Planning
- Vice President Christian Life
- Vice President Gospel Outreach
- Vice President Special Focus Ministries
- Vice President Organizational Resources
- Any District Officer or Appointed Personnel Available

Signed by Zone President _____

Street Address _____

City, State, ZIP _____

Phone and Email _____

EMAIL TO:

Roxan Schwab, CNH LWML President
roxan.schwab@outlook.com

Your request has been approved and the following Executive Committee representative will attend your Zone Event: _____

District President Signature

Date