



MARYLAND/DELAWARE DISTRICT VISITATION FORM
*** Report of Chapter Visit ***

Chapter Making Visit: MD/DE - _____

Chapter, District, International Visited: _____

Event Type: _____

Date of Visit: _____

GWRRRA Member Name / Member Numbers forming visiting party:

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

Visiting Chapter Signature (GWRRRA Member) and Date

Visited Chapter Signature (GWRRRA Member) and Date

***For Wing Ding, obtain signature of any MD/DE District staff member or GWRRRA officer.**
