



COMMEMORATIVE EVENTS COMMITTEE, NSDAR

Submission Form for Outstanding Chapter/State Report

Type of Event: _____

State _____

State Chair _____

Name of Chapter _____

Chapter Regent _____

Chapter Commemorative Events Chair _____

Contact information for this chapter

Name of Contact _____

Address _____

Phone _____

E-Mail _____

Chapters, please attach this form to the outstanding report you are submitting to your State chair. It must be postmarked by January 15.

Signature of submittor

Date