DISTRICT APPOINTMENTS 2018-2019 **MANDATORY FOR ROSTER & HATS**

DISTRICT #:	NAME, ADDRESS PHONE, E-MAIL, ETC
DD214'S REQUIRED	(If same, indicate "SAME" with name only; otherwise, fill out completely)
Commander	
Name:	Address:
	CITY:ZIP:
	Home:
Hat Size:(Order Form Attached)	Email:
Department Executive Committeeman	Address:
	CITY:ZIP:
Name:	
	Email:
Hat Size:(Order Form Attached)	
1st Vice Commander	
	Address:
Name:	CITY: ZIP:
	Home:
Hat Size:(Order Form Attached)	Email:

2 nd Vice Commander	
	Address:
	CITY: ZIP:
	Home:
Name:	Cell:
	Email:
Hat Size:	
(Order Form Attached)	
Adjutant	
•	Address:
	CITY: ZIP:
Name:	Home:
rame.	Cell:
	Email:
Hat Size:	
(Order Form Attached)	
Y 2	
Judge Advocate	Address
	Address:
	CITY: ZIP:
	Home:
Name:	Cell:
	Email:
Hat Size:	
(Order Form Attached)	
Chaplain	
Campana.	
Name:	Address:
	CITY: ZIP:
	Home:
	Cell:
Hat Size:	Email:
(Order Form Attached)	