2026-2027 DEPARTMENT OF FLORIDA PRESIDENT'S VISIT FORM

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Please return this form as soon as the Department President has visited your Unit/District via E-mail and include pictures and narrative as attachments.

Dates of Visit:_____

District Historians Name:_____District #_____

District Historians Phone #_____

District Historians E-mail Address: _____

District Presidents Name:_____

If this was a Unit visit please complete the following and E-mail the District Historian and cc: District President and Department Historian.

Unit Historian's Name:_____Unit #_____

Unit Historians E-Mail Address:_____

Unit Historian's Phone #_____

What was the schedule of events the Department President attended during the District/Unit visitation? (Attach agenda or schedule)

Please write or type and attach a narrative describing the Department President's visit and send it to the Department Historian as soon as possible following the visit and include any of the following information.

Please list all facilities, VA Hospitals, Nursing homes, Legion Posts etc, that were visited.

Did your group donate to the Presidents Project during the visitation: Y ☐ N ☐ Amount$_____

Were there any significant gifts presented to the Department President during the visitation? Please list or describe. _____

How many Juniors members were involved during the Department President's visit and what was the activity or event? _____

Is there any other useful information that should be included? _____

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