

# OFFICERS & APPOINTMENTS FOR THE \_\_\_\_\_ DISTRICT FOR 20\_\_ & 20\_\_

(YOU MUST HAVE AN ADDRESS AND PHONE NUMBER FOR ANY OFFICER OR APPOINTMENT)

HUBMASTER: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

CHAPLAIN: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

FINANCE OFFICER: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

HISTORIAN: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

JUDGE ADVOCATE: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

SERGEANT at ARMS: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

SERVICE OFFICER: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

AMERICANISM: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

BASEBALL: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

BOY SCOUTS: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

BOYS STATE: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

COMMUNITY SERVICE: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

CONST. & BY LAWS: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

CHILDREN & YOUTH: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

JUNIOR SHOOTING: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

LEGISLATIVE: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

MEMBERSHIP: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

NAT'L SECURITY: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

ORATORICAL: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

PUBLIC RELATIONS: NAME \_\_\_\_\_ POST No: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

SAL: NAME \_\_\_\_\_ POST No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

SCHOOL AWARDS: NAME \_\_\_\_\_ POST No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

VA & R NAME \_\_\_\_\_ POST No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

TITLE: \_\_\_\_\_ NAME \_\_\_\_\_ POST No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

TITLE: \_\_\_\_\_ NAME \_\_\_\_\_ POST No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

TITLE: \_\_\_\_\_ NAME \_\_\_\_\_ POST No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

RES. PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUS: \_\_\_\_\_

\_\_\_\_\_  
COMMANDER

\_\_\_\_\_  
DISTRICT

\_\_\_\_\_  
DATE