

State Officer Request Form

Chapter: _____

District: _____

Advisor(s): _____

School Phone Number: _____

School Fax Number: _____

Email: _____

Date of Function: _____

Time of Function: _____

Location of Function: _____

State Officer Preferences: _____

Type of Function: _____

Type of Dress Required: _____

Audience in Attendance: _____

Estimated Number in Attendance: _____

Type of Presentation:

Pertinent Information to Be Included in Presentation:

Directions to Event:

****Return to: Denise Mills
Program Specialist
Indiana FFA Organization **or FAX to: (317) 878-5428
PO Box 9
Trafalgar, IN 46181
Email: denisemills@yahoo.com**