



DISTRICT SCHOOL OF INSTRUCTION QUESTIONNAIRE



DEPARTMENT OF FLORIDA VFW

DISTRICT: _____ DATE: _____ TIME: _____

LOCATION - POST NO. _____

INSTRUCTORS: _____

POST NUMBERS IN ATTENDANCE TO INCLUDE THE NUMBER OF MEMBERS FROM EACH POST:

POST NO. _____	NUMBER IN ATTENDANCE: _____
POST NO: _____	NUMBER IN ATTENDANCE: _____
POST NO: _____	NUMBER IN ATTENDANCE: _____
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POST NO: _____	NUMBER IN ATTENDANCE: _____
POST NO: _____	NUMBER IN ATTENDANCE: _____

ITEMS COVERED: _____

MAIL REPORT TO: VFW STATE HEADQUARTERS, 543 NE SANCHEZ AVE., OCALA, FL 34470
EMAIL TO: statecg@vfwfl.org or **FAX TO:** 352-622-3869