



FORM FOR REPORTING DISTRICT OFFICERS

Please complete and send to PI Headquarters immediately following district convention.

_____ District _____ Year

District Governor

(name) (address) (club)

(email) (contact phone)

District Governor Elect

(name) (address) (club)

(email) (contact phone)

District Secretary

(name) (address) (club)

(email) (contact phone)

District Treasurer

(name) (address) (club)

(email) (contact phone)

**PLEASE COMPLETE:
DISTRICT FALL COUNCIL**

DATE:

FACILITY:

DISTRICT CONVENTION

DATE:

FACILITY:

District Governor's Signature:

Date:

***signature can be electronic**