

# Alabama DECA State Officer Visit Request Form

## Chapter Information

Chapter Name: \_\_\_\_\_ Chapter Number: \_\_\_\_\_  
Chapter Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
City: \_\_\_\_\_  
School Phone: \_\_\_\_\_ Number of DECA Members \_\_\_\_\_  
Advisor's Name: \_\_\_\_\_  
Advisor's Email: \_\_\_\_\_  
Principal's Name: \_\_\_\_\_  
C/T Admin Name: \_\_\_\_\_

## Chapter Officer Information

President: \_\_\_\_\_ Other Officers \_\_\_\_\_  
Vice-President: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Treasurer: \_\_\_\_\_  
Reporter: \_\_\_\_\_

## Visit/Event Information

Date of Visit/Event: \_\_\_\_\_ Time of Visit/Event: \_\_\_\_\_  
Theme of Event: \_\_\_\_\_ Length of Event: \_\_\_\_\_  
How long would the officer speak/present? \_\_\_\_\_  
Preferred topic of discussion/speech/presentation \_\_\_\_\_

Additional Information:  
\_\_\_\_\_

**Please email or fax this completed form to:**

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334-242-0234