

Metropolis of Boston Philoptochos

VISITATION FORM

Please complete this form before the conclusion of today's session as it will be collected at the tables.

Name of Parish: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Philoptochos' Chapter Name: _____ Number _____

Chapter Meets: (check) Monday _____, Tuesday _____, Wednesday _____, Thursday _____, Friday _____
of the: (check) First _____, Second _____, Third _____, Fourth _____ week of the month at time: _____

President's Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Corresponding Secretary's Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

The Metropolis Board members would like to visit your chapter during our tenure to introduce ourselves and Philoptochos' programs to your members. We ask you to complete the next portion of this form by indicating the first, second and third choice for our visit. We will schedule our visits in the order in which the requests are received. Should you not complete this form, we will notify you of when we will visit.

Please indicate:

First Choice Date: _____

Second Choice Date: _____

Third Choice Date: _____

Additionally, please list the dates of any special event or fundraiser your chapter will be hosting. Whenever possible, a representation of the Metropolis Board will attend.

Event: _____

Date: _____ Location: _____

Details: _____