



Veterans of Foreign Wars Department of Colorado
1400 Carr Street
Lakewood, CO 80214

DISTRICT # COMMANDER'S REPORT
Due to Department following each District Meeting

DATE MEETING HELD: _____ **# OF MEMBERS PRESENT:** _____

MEETING LOCATION: _____ **# OF POSTS ATTENDING:** _____

DISTRICT OFFICERS PRESENT

Commander		Chaplain	
Sr. Vice Commander		Judge Advocate	
Jr. Vice Commander		Surgeon	
Adjutant		Service Officer	
Quartermaster			

As District Commander which posts have you visited this month? _____

Have you visited any by special request? _____

Other Visitations: _____

Remarks on Posts with Problems: _____

List Post Commanders who were absent

Post #	Commander's Name	Reason:

REMARKS: If additional space is needed use reverse side.

MAIL ORIGINAL TO STATE HEADQUARTERS & KEEP A COPY FOR DISTRICT FILES

District Commander's Signature: _____ Date: _____

DISTRICT REPORT OF TRAINING

DISTRICT #: _____ **DISTRICT COMMANDER:** _____

Start Time: _____ End Time: _____ Date: _____

Location: _____

Instructors: _____

List of attendees:

Print Name	Signature	Position	Post #

Use additional copies a necessary. Mail or E-mail Document to all of the following:
vfw@vfwco.org

District Commander Signature: _____