

**DISTRICT II MEETING - MARCH 9, 2012
COMFORT INN, BOWIE, MD**

<p>NAME: _____</p> <p>CLUB NAME: _____</p> <p>CLUB/DIST II/ST OFFICE: _____</p> <p>_____</p> <p>ST LIFE MEMBER: ____ NAT'L LIFE MEMBER: ____</p> <p>SPECIAL DIETARY NEEDS: _____</p>	<p>NAME: _____</p> <p>CLUB NAME: _____</p> <p>CLUB/DIST II/ST OFFICE: _____</p> <p>_____</p> <p>ST LIFE MEMBER: ____ NAT'L LIFE MEMBER: ____</p> <p>SPECIAL DIETARY NEEDS: _____</p>
<p>NAME: _____</p> <p>CLUB NAME: _____</p> <p>CLUB/DIST II/ST OFFICE: _____</p> <p>_____</p> <p>ST LIFE MEMBER: ____ NAT'L LIFE MEMBER: ____</p> <p>SPECIAL DIETARY NEEDS: _____</p>	<p>NAME: _____</p> <p>CLUB NAME: _____</p> <p>CLUB/DIST II/ST OFFICE: _____</p> <p>_____</p> <p>ST LIFE MEMBER: ____ NAT'L LIFE MEMBER: ____</p> <p>SPECIAL DIETARY NEEDS: _____</p>
<p>NAME: _____</p> <p>CLUB NAME: _____</p> <p>CLUB/DIST II/ST OFFICE: _____</p> <p>_____</p> <p>ST LIFE MEMBER: ____ NAT'L LIFE MEMBER: ____</p> <p>SPECIAL DIETARY NEEDS: _____</p>	<p>NAME: _____</p> <p>CLUB NAME: _____</p> <p>CLUB/DIST II/ST OFFICE: _____</p> <p>_____</p> <p>ST LIFE MEMBER: ____ NAT'L LIFE MEMBER: ____</p> <p>SPECIAL DIETARY NEEDS: _____</p>

MAIL WITH PAYMENTS TO: BARBARA WHITED, 6921 BOND ST, ST. LEONARD, MD 20685 - TO ARRIVE NO LATER THAN Mar. 1, 2012. CHECKS PAYABLE TO DISTRICT II, FG OF MD. \$31.00 per person.