



**THE AMERICAN LEGION OF IOWA  
2017 DEPARTMENT LEADERSHIP SCHOOL**

**REGISTRATION FORM**

**THIS FORM TO BE COMPLETED BY EACH  
LEADERSHIP SCHOOL ATTENDEE**

**MUST BE RECEIVED AT DEPARTMENT BEFORE MAY 15, 2017**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Authorization – select one

- Authorized attendee for District # \_\_\_\_\_
- Endorsed candidate for Department or National office.
- Authorized attendee for SAL Detachment.
- Member of Department Leadership Committee or Department Staff.
- I wish to attend Leadership School at my own expense.

Housing – select one

- I agree to room with another attendee assigned by Department.
- I wish to have my own room and agree to pay for all room charges.
- I do not need a hotel room.

Signature: \_\_\_\_\_

Mail to: The American Legion of Iowa  
Kate Murphy, Business Manager  
720 Lyon Street  
Des Moines, IA 50309

Must be received at  
Department Headquarters  
before May 15, 2017.