

TO BE READ ALOUD AT THE NEXT COMMUNITY MEETING

Today's Date: _____

Community Name: _____ **LCC#:** _____

City, State/Canadian Province: _____

Director: _____

Region: _____

Regional Coordinator: _____

Regional Formation Coordinator: _____

Date and Time of Visitation: _____

Visitor: _____

Stipend Given: \$_____ USD/CAD **To be sent later to the Regional :** \$_____ USD/CAD

COMMUNITY STRENGTHS:

DIRECTIVES GIVEN TO THE COMMUNITY TO BE IMPLEMENTED:

Please keep a copy for your records and send the original to your Provincial Visitation Coordinator