



**THE AMERICAN LEGION OF IOWA
2020 DEPARTMENT LEADERSHIP SCHOOL**

REGISTRATION FORM

THIS FORM TO BE COMPLETED BY EACH
LEADERSHIP SCHOOL ATTENDEE
MUST BE RECEIVED AT DEPARTMENT BEFORE August 14, 2020

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.

Additional Information – please indicate other information which may be relevant

- ADA Room
- Dietary restrictions – specify: _____
- Other – specify: _____

Signature: _____

Mail to: The American Legion of Iowa
Leadership School
720 Lyon Street
Des Moines, IA 50309

Must be received at
Department Headquarters
before August 14, 2020.