

Alabama DECA State Officer Visit Request Form

Chapter Information

Chapter Name: _____ Chapter Number: _____
Chapter Address: _____ Zip Code: _____
City: _____
School Phone: _____ Number of DECA Members _____
Advisor's Name: _____
Advisor's Email: _____
Principal's Name: _____
C/T Admin Name: _____

Chapter Officer Information

President: _____ Other Officers _____
Vice-President: _____
Secretary: _____
Treasurer: _____
Reporter: _____

Visit/Event Information

Date of Visit/Event: _____ Time of Visit/Event: _____
Theme of Event: _____ Length of Event: _____
How long would the officer speak/present? _____
Preferred topic of discussion/speech/presentation _____

Additional Information:

Please email or fax this completed form to:

Rochelle Seals, Alabama DECA State Advisor
P.O. Box 302101
Montgomery, AL 36130-2101
rseals@alsde.edu
Phone: 334-242-9566
Fax: 334-353-8861