



**DISTRICT SCHOOL OF INSTRUCTION QUESTIONNAIRE**



**DEPARTMENT OF Arkansas VFW**

DISTRICT: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION - POST NO. \_\_\_\_\_

INSTRUCTORS: \_\_\_\_\_

POST NUMBERS IN ATTENDANCE TO INCLUDE THE NUMBER OF MEMBERS FROM EACH POST:

POST NO. _____	NUMBER IN ATTENDANCE: _____
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ITEMS COVERED: \_\_\_\_\_

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\_\_\_\_\_

**MAIL REPORT TO:** VFW STATE HEADQUARTERS, 4210 East Kiehl Ave, Sherwood, AR 72120,  
email: [adjqm@vfwar.org](mailto:adjqm@vfwar.org), phone 501-834-8392.