Interchange Notice of Selection

This form must be returned to the National Office by March 1

Chapter _____ **Program** **Interchange** **Reference Number** _____ ☐ **Traveling this summer** ☐ **Hosting this summer**

☐ We have completed selection.

☐ We request a two-week extension to finish selection. (Please list leaders and delegates that have been selected.)

LEADER/JUNIOR LEADER

NAME	GENDER	BIRTHDATE	ADDRESS	CITY	STATE	ZIP	PHONE #	E-MAIL

DELEGATES

NAME	GENDER	BIRTHDATE	ADDRESS	CITY	STATE	ZIP	PHONE #	E-MAIL

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