

**MINNESOTA WOMEN OF TODAY  
DISTRICT DIRECTOR CHAPTER EVENT VISITATION REPORT**

Send one (1) copy each to the state president, the administrative vice president and the chapter management vice president immediately following the visitation or with your monthly report.

Name \_\_\_\_\_ District \_\_\_\_\_

Number \_\_\_\_\_

Date of Event \_\_\_\_\_ Name of Chapter \_\_\_\_\_ Mileage (RTM) \_\_\_\_\_

1. What type of event did you attend? \_\_\_\_\_ M-event \_\_\_\_\_ Social \_\_\_\_\_ Project \_\_\_\_\_

2. Name of event \_\_\_\_\_

3. Were guests invited? \_\_\_\_\_ Yes \_\_\_\_\_ No How Many? \_\_\_\_\_

4. Were guests welcomed? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Was there membership information available? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Did they invite guests to join? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how many joined? \_\_\_\_\_

7. Did someone talk about the Women of Today organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Did the guests have the opportunity to ask questions? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Was the membership excited? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. How many chapter members attended? \_\_\_\_\_

11. What is your impression of this event?

12. What is your impression of this chapter?