

**CENTRAL ONTARIO DISTRICT  
ENTITLEMENT REQUEST FORM**

Name \_\_\_\_\_ Position \_\_\_\_\_

I am requesting the Entitlement for the:

**Attendance at the training sessions provided at the International Convention**

Signature: \_\_\_\_\_  
SIGNATURE NOT REQUIRED IF E-MAILED

**The entitlement must be requested prior to September 30, 2012.**

Please return the completed form to:

District Secretary/Treasurer:  
Susan Lynge  
19 Shieldmark Cres.  
Thornhill, ON L3T 3T6

Or

[susanlynge@rogers.com](mailto:susanlynge@rogers.com)

**For Office Use Only:**

Budgeted: \_\_\_\_\_ - Issued \_\_\_\_\_ = Remaining \_\_\_\_\_

Paid by Check # \_\_\_\_\_

Approved by Governor \_\_\_\_\_