



La Societe de Femme
Grande Cabane de Wisconsin
Required Verification Form

Year _____

NOTE: Required Verification Form must be signed and sent with your Grande Annual Reports to the Grande Correspondante.

“I verify that all of the enclosed annual reports for Cabane Locale _____ are sponsored programs of Voiture Locale _____ from _____ County.”

Attested by: _____

Chef de Gare - Voiture Locale # _____

And/or

Attested by: _____

Correspondante - Voiture Locale # _____

Date: Month _____ date _____ Year _____