



Department of Louisiana

Line Officer Event Report

(For all events attended on behalf of the Department other than Chapter visits)

Line Officer's Name _____ Date Submitted: _____

Date of Event _____ Event _____ Location _____

1. Remarks/Comments _____

2. Other Notes – Commendations/Suggestions _____

3. Signature Verification

Department Line Officer _____

Department Adjutant _____ Date Received _____