Chapter Flag Release Form

Chapter Name:		
Contact Name (please print):		
Address:		
City:	State:	Zip:
Phone Number:	Alternate Pho	one Number:
School District:		
Flag Parade Representative: (The member who will march win the chapter flag rehearsa By signing this form, I understand there cover the cost of mailing the flag back to	with the flag in the parace al, details will be mailed is a \$25.00 fee for no	de will need to participate to the address above)
Note:		
handle this.	our flag from the flagpo	gistration. Die, TASN has hired people that will Dinday, June 12, 2023 after 1:00 pm
Signature:		

Please send flags to TASN Headquarters by May 1st

Texas Association for School Nutrition 5910 Courtyard Drive, Suite 230 Austin, TX 78731