



**Catholic Daughters of the Americas
National LOCAL COURT Newsletter
Local Court Cover Sheet**

Court Name and Number _____

Court Location _____
City State

Name of Court Regent _____

Address _____
City/State Zip Code

Telephone Number (Area Code) _____

Number of members in Court at the present time _____

Category _____ Division _____

Court Regent's Signed Statement

I verify that these are the identical newsletters submitted in the same original form mailed to the membership and that no part has been altered for judging.

Court Regent _____
(Local Court Score Sheets **are not** to be sent to the National Chairman)

Instructions

**Postmarked Deadline for newsletter entries to be sent to the State Chairman:
On or before _____**

1. Complete Cover Sheet and make three (3) copies of Cover Sheet
2. Attach one (1) copy of Cover Sheet to each set of newsletters
3. Send entries to State Chairman:

State Chairman Name

:

Address Zip Code