



Louisiana Division, Sons of Confederate Veterans  
2017 Division Reunion

Credentials Form

This completed form shall be presented to the Credential Committee upon registering at the Louisiana Division Reunion in Bossier City, May 19-20, 2017.

To the Credentials Committee; the following members are hereby delegated to represent;

Camp Number \_\_\_\_\_

Camp Name \_\_\_\_\_

Chairman and Delegates must be list individually:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camp Commander/ Camp Adjutant (must be signed by one of these)

\_\_\_\_\_

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The credentials Committee will ascribe the individually names delegates and ascertain the number of votes entitled, indicating hereon, detach and return to the delegation Chairman.

Camp \_\_\_\_\_ No. \_\_\_\_\_ is properly register and entitled to \_\_\_\_\_ delegated votes at the Louisiana Division SCV Reunion in Bossier City, May 19-20, 2017

Delegates Chairman; \_\_\_\_\_

For the Credentials Committee; \_\_\_\_\_