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LUTHERAN WOMEN'S MISSIONARY LEAGUE
CENTRAL ILLINOIS DISTRICT
(Revised 2016)

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LWML CID NEW SOCIETY APPLICATION FORM

Date _____

Group Name _____

Congregation _____

Street Address _____

City & ZIP _____

Number of members _____

Email to which *The Clarion* should be sent: _____

Address to which the *Lutheran Woman's Quarterly* (and *The Clarion* if no email available) should be sent (*if different than church address*):

Name of president _____

Street Address _____

City & ZIP _____

Telephone _____ e-mail _____

How did society come into being?

LWML SOCIETY DISBANDMENT FORM

Our Society wishes to remove itself from the Lutheran Women’s Missionary League

Date _____

Society Name _____

Congregation _____

Street Address _____

City, State, ZIP _____

Reason for disbandment, if known.

Name of person filling out this form _____

CORRESPONDING SECRETARY PREPARES:

SOCIETY RECORD SHEET

To: The ZONE PRESIDENT

The Society Record Sheet is a very important working tools. It is through these sources that the lines of communication flow smoothly in LWML from the local level to the district and national levels and vice versa.

- A. Keep an adequate supply of Society Record Sheets in your files. These sheets may be obtained from the Corresponding Secretary of the LWML CID. (She usually distributes these at the October/November Board of Directors meeting.)
- B. At a regular meeting of the zone officers, distribute two (2) Society Record Sheets to the president of each local society within the zone. Instruct them to:
 - 1. Provide all requested information. If possible, type or print.
 - 2. One (1) Society Record Sheet should be sent to the zone president prior to the deadline of January 1 or directly following the election of officers.
 - 3. The president of each local group should keep one Society Record Sheet for the society file.
- C. The Zone President shall receive Society Record Sheet from each society within the zone and send to the following LWML CID officers:
 - 1. Corresponding Secretary
 - 2. Editor of *The Clarion* (Number of *Lutheran Woman's Quarterly* and *The Clarion* needed and any number changes for either).
- D. After receiving the completed membership roster for the district from the Corresponding Secretary, carefully examine the roster for your zone and report any change to the LWML CID Corresponding Secretary.

Thank you for "SERVING THE LORD WITH GLADNESS."

CORRESPONDING SECRETARY PREPARES FOR ZONE PRESIDENTS:

SOCIETY RECORD SHEET DIRECTIVES

To: LOCAL GROUPS

The Society Record Sheet is a very important working tool. It is through these sources that the lines of communication flow smoothly in the LWML from the local group to the district and national levels, and vice versa.

- A. At a regular meeting of the zone officers, the President of each local group shall receive two (2) Society Record Sheets from the Zone President.
- B. Provide all requested information. If possible, type or print.

Take special care to answer:

Number of Members

Number of *Lutheran Woman's Quarterlies* needed

Number of *Clarions* needed

Names addresses, and telephone numbers of officers.

A rural route number is not sufficient, we **MUST** have a box number and/or 911 address for subscription deliveries. We must also have the plus 4-zip code.

- C. Forward one (1) Society Record Sheet to the Zone President prior to the deadline of January 1 or immediately following the election of officers.
- D. Keep one (1) Society Record Sheet for the files of the local society.

Thank you for "SERVING THE LORD WITH GLADNESS."

SOCIETY RECORD SHEET

(Please fill in each blank even if it is with the "0" (zero) or "None".)

NAME OF CHURCH _____ DATE _____

CHURCH ADDRESS _____

NAME OF GROUP _____

NUMBER OF MEMBERS _____

LUTHERAN WOMAN'S QUARTERLY (Number needed) _____

Mail to: _____ Must have +4 Zip Code

THE CLARION email to: _____

Number of Clarions to mail (only if email is unavailable) _____

Address to mail Clarions _____

NAME AND ADDRESSES (OFFICERS AND COMMITTEE CHAIRMEN)

PRESIDENT _____ TELEPHONE _____

_____ EMAIL _____

CHRISTIAN LIFE _____ TELEPHONE _____

(Vice President) _____ EMAIL _____

SECRETARY _____ TELEPHONE _____

_____ EMAIL _____

TREASURER _____ TELEPHONE _____

_____ EMAIL _____

HUMAN CARE _____ TELEPHONE _____

_____ EMAIL _____

LEADER _____ TELEPHONE _____

DEVELOPMENT _____ EMAIL _____

Day of Meetings _____ Time _____

REMITTANCE FORM
CENTRAL ILLINOIS DISTRICT
LUTHERAN WOMEN'S MISSIONARY LEAGUE

Make checks payable to **LWML Central Illinois District**. Make **SEPARATE CHECKS** for Operating Account and Mite Account contributions because they are deposited in two different bank accounts. Please **DO NOT** staple your checks to this form.

Send to:

Date _____

Zone _____

Contributions are recorded by Zone.
Please fill in your zone.

Fiscal Year April 1, _____ to March 31, _____

Mite Box Contributions *\$ _____ City _____

Memorials, etc. \$ _____ Church _____

Total for Mites \$ _____ Society _____

Your Check Number _____ Treasurer _____

Home Address

Phone and/or e-mail

Operating Account Contributions \$ _____

Miscellaneous \$ _____

Total Operating Contributions \$ _____ Your Check Number _____

OPERATING ACCOUNT CONTRIBUTIONS

The LWML CID suggests that each society send ten dollars (\$10.00) per member each year to the District Operating Account. The ten dollars (\$10.00) includes the cost of Quarterlies for members. If extra Quarterlies are ordered, it is suggested that an additional six dollars and fifty cents (\$6.50) per year be sent for each additional subscription. If ten (10) or more subscriptions are sent to one address, you may contribute five dollars (\$5.00) per year for each extra *Quarterly* ordered.

Operating Account funds may be remitted at any time during the fiscal year but many societies send their contributions during October since that is LWML month.

Please contact _____ to order Quarterlies or change the amount of Quarterlies ordered. Her phone number is _____ or e-mail her at _____.

*Please refer to Article XVI of the LWML Bylaws in your society handbook.



The Lutheran Women’s Missionary League Central Illinois District

extends its appreciation to _____ for the Mite Offering that has been received. We thank you for sharing your God given gifts, thus enabling His work to be done. May the Lord richly bless you in every way so that you may continue to be a blessing to others.

Amount: _____ Gift Date: _____ Check #: _____

With sincere thanks we acknowledge receipt of your gift! You have received no other goods or services from the Central Illinois District Lutheran Women’s Missionary League other than intangible religious benefits.

LWML CID Financial Secretary

(October 2016)



The Lutheran Women’s Missionary League Central Illinois District

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LWML CID Financial Secretary

(October 2016)

LUTHERAN WOMEN'S MISSIONARY LEAGUE
CENTRAL ILLINOIS DISTRICT
EXPENSE FORM

Date _____

Name _____ Position on Board _____

Address _____
City _____ Zip _____

Phone and/or e-mail _____

(Please attach receipts and/or include a detailed explanation on the back of this form.)

Board meeting miles _____ x .40 _____

Approved: _____

General miles _____ x .40 _____

LWML President

Telephone _____

Date Paid _____

Postage _____

Check # _____

Supplies _____

Other Expenses **(itemize on reverse side)** _____

LWML Treasurer

TOTAL \$ _____

(Oct 2016)

LUTHERAN WOMEN'S MISSIONARY LEAGUE
CENTRAL ILLINOIS DISTRICT
EXPENSE FORM

Date _____

Name _____ Position on Board _____

Address _____
City _____ Zip _____

Phone and/or e-mail _____

(Please attach receipts and/or include a detailed explanation on the back of this form.)

Board meeting miles _____ x .40 _____

Approved: _____

General miles _____ x .40 _____

LWML President

Telephone _____

Date Paid _____

Postage _____

Check # _____

Supplies _____

Other Expenses **(itemize on reverse side)** _____

LWML Treasurer

TOTAL \$ _____

(Oct 2016)



LUTHERAN WOMEN'S MISSIONARY LEAGUE
CENTRAL ILLINOIS DISTRICT
MISSION GRANT PROPOSAL

Name of Project _____

Date _____ Amount of money requested _____

Proposal submitted by ____ Female LWML CID Member ____ LWML CID Society
____ LWML CID Zone ____ CID or LCMS Mission
(Proposals submitted ONLY by the above four categories will be considered.)

Name _____ Attention: _____

Address _____

Telephone _____ E-mail Address _____

Project Contact Person _____ Telephone _____

Address _____

E-mail Address _____

Proposals may be submitted electronically (preferably) in Word as an email attachment to _____ (additional papers or supporting materials may be submitted in print through the mail, if not available electronically) or in print through the mail to LWML CID Vice President of Gospel Outreach and Mission Grants:

Please make sure that receipt of the proposal is acknowledged.
PROPOSALS MUST BE POSTMARKED BY DECEMBER 31.

Because mite moneys are so limited, and the need for reaching the unreached so great, we urge you to submit project proposals that focus on sharing the Gospel and pointing people to the Savior. Therefore, projects shall:

- emphasize reaching the unreached for Christ;
- be mission in emphasis, extending the ministry of Word and Sacrament;
- fit into the plans and projects of the Lutheran Church—Missouri Synod;
- be approved by the LCMS mission board of the district in which it is situated;
- be current and ready for implementation;
- be well documented.

After the grant is used, accountability shall be expected.

“Grants approved by the voting members for a project must be disbursed according to the request and put into use within a three (3) year period from the time of the vote, or be returned to the District LWML treasury for reallocation.” (LWML CID Bylaws, Article XV, Section 5)

Your request should include (use additional space in each question, if needed):

1. How project shares the Gospel and points people to our Savior:

2. How project specifically fits into mission plans of the LCMS [district (if outside CID), national, international, RSO, etc.]:

3. Total cost of project:

4. Why assistance is needed:

5. List specifically how the grant will be used:

6. Whether the need appears in your budget:

7. Other grants received for this need:

8. a. Other grants for which you have applied:

- b. Other LWML districts to which you have applied:

9. Who will fund remaining portion of the cost:

10. Any additional helpful information:

11. Are additional papers/supporting documents attached or supplied? ___ Yes ___ No

CANDIDATE SUGGESTIONS

DEADLINE FOR CANDIDATE SUGGESTIONS: October 31st

Side 1

MAIL THIS CANDIDATE SUGGESTION FORM TO:

President (4 year term)

Name _____ () Able to preside at meetings of the Board of Directors, Executive Committee and annual convention, and report at 6 rallies.

Address _____

City/Zip _____ () Able to attend meetings and give reasonable amount of time in office.

Phone _____ () Able to attend national LWML Board of Directors Meetings and Convention.

Church Member at _____ () Ability to organize.

Additional Comments _____ () Knowledge of parliamentary procedure.

Counselor (4 year term)

Name _____ () Pastor of the CID-LCMS serving in the parish ministry.

Address _____ () Interested in promoting the objectives of the LWML and serving the League in an advisory capacity.

City/Zip _____

Phone _____ () Able to attend Board of Directors and Executive Committee meetings, rallies, and district conventions and give reasonable amount of time to office.

Pastor of Church at _____ () shall have served as a Zone LWML Counselor.

Additional Comments _____

Please check those qualifications which apply to the suggested candidate. Under “additional comments” list past experience in local, zone and district offices/committee work. All candidates chosen will be contacted before her/his name is placed on the ballot.

Vice President of Christian Life (4 year term)

Name _____ () Able to arrange fall rally schedules and speakers and report at 6 rallies.

Address _____ () Knowledge of parliamentary procedure to perform duties of the office of president in her absence.

City/Zip _____ () Able to attend meetings and give reasonable amount of time to office.

Phone _____ () Ability to organize.

Church Member at _____

Additional Comments _____

Financial Secretary (4 year term)

Name _____ () Ability to maintain accurate record keeping of all receipts.

Address _____ () Able to submit written financial reports to the Board of Directors and at annual convention.

City/Zip _____ () Able to attend meetings and give reasonable amount of time to office.

Phone _____

Church Member at _____

Additional Comments _____

Thank you for "Serving the Lord with Gladness."



CANDIDATE SUGGESTIONS

DEADLINE FOR CANDIDATE SUGGESTIONS: October 31st

Side 1

MAIL THIS CANDIDATE SUGGESTION FORM TO:

Vice President of Gospel Outreach and Mission Grants (4 year term)

Name _____ () Ability to speak well.

Address _____ () Ability to organize.

City/Zip _____ () Knowledge of parliamentary procedure.

Phone _____ () Able to attend meetings and give
reasonable amount of time to office.

Church Member at _____

Additional Comments _____

Recording Secretary (4 year term)

Name _____ () Ability to record the proceedings of the
various meetings of the district League
and of the Convention.

Address _____ () Accessibility to office machines and have
the knowledge of their use.

City/Zip _____ () Able to attend meetings and give reasonable
amount of time to office.

Phone _____

Church Member at _____

Additional Comments _____

Please check those qualifications which apply to the suggested candidate. Under "additional comments" list past experience in local, zone and district offices/committee work. All candidates chosen will be contacted before her/his name is placed on the ballot.

Corresponding Secretary (4 year term)

Name _____ () Ability to communicate through written, accurate correspondence.
Address _____ () Accessibility to office machines and have the knowledge of their use.
City/Zip _____ () Able to attend meetings and give reasonable amount of time to office.
Phone _____
Church Member at _____
Additional Comments _____

Treasurer (4 year term)

Name _____ () ability to maintain accurate record keeping of all disbursements
Address _____ () able to submit written financial reports to the Board of Directors and at annual convention.
City/Zip _____ () able to attend meetings and give reasonable amount of time to office.
Phone _____
Church Member at _____
Additional Comments _____

Counselor (4 year term)

Name _____ () Pastor of the CID-LCMS serving in the parish ministry
Address _____ () Interested in promoting the objectives of the LWML and serving the League in an advisory capacity
City/Zip _____ () Able to attend Board of Directors and Executive Committee meetings, rallies, and district conventions and give reasonable amount of time to office.
Phone _____ () shall have served as a Zone LWML Counselor
Pastor of Church at _____
Additional Comments _____

Thank you for "Serving the Lord with Gladness."



TO: LWML CID President

LWML CID Vice President of Gospel Outreach and Mission Grants

LWML CID Recording Secretary

REPORT OF TELLERS

Date _____

- 1. Delegates _____
- Board Members _____
- Total = Eligible to Vote _____

2. Number of Ballots Received _____

(This number must be equal to or less than total eligible to vote (1))

3. MISSION GRANTS (Do not count spoiled ballots!) VOTES RECEIVED

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____

Total Votes Cast _____

4. Number of Spoiled Ballots _____

5. Number eligible to vote (from #1) _____ x Number of Grants

Delegates can vote for _____ = Total votes eligible _____

6. Total votes cast (from #3) must be equal to or less than total votes eligible (from #5) _____

7. Mission Grant Goal _____ 75% of Grant Goal _____

8. According to votes received, please number Mission Grants #1, #2, #3, etc. Until the dollar amount of 75% of the Mission Grant Goal is met.

ACCORDING TO VOTES RECEIVED, this is the order of grants to be funded:

GRANT	AMOUNT
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

SIGNED BY TELLERS: _____

Counselor

To: LWML CID President
LWML CID Corresponding Secretary
LWML CID Recording Secretary

REPORT OF TELLERS

Date _____

1. Delegates _____
Board Members _____
Total=Eligible to Vote _____

2. Number of Ballots Received _____
This number must be equal to or less than total eligible to vote (1).

CANDIDATES

PRESIDENT

Votes Received

Total votes cast _____

VICE PRESIDENT OF CHRISTIAN LIFE

Total votes cast _____

FINANCIAL SECRETARY

Total votes cast _____

COUNSELOR

Total votes cast _____

MAJORITY VOTE CONSSTITUTES ELECTION TO OFFICE

Signed by Tellers:

Counselor

To: LWML CID President
LWML CID Corresponding Secretary
LWML CID Recording Secretary

REPORT OF TELLERS

Date _____

- 1. Delegates _____
- Board Members _____

Total=Eligible to Vote _____

- 2. Number of Ballots Received _____
- This number must be equal to or less than total eligible to vote (1).

CANDIDATES

VICE PRESIDENT OF GOSPEL OUTREACH AND MISSION GRANTS	Votes Received
_____	_____
_____	_____
_____	_____
Total votes cast _____	

RECORDING SECRETARY	
_____	_____
_____	_____
_____	_____
Total votes cast _____	

CORRESPONDING SECRETARY	
_____	_____
_____	_____
_____	_____
Total votes cast _____	

TREASURER	
_____	_____
_____	_____
_____	_____
Total votes cast _____	

COUNSELOR	
_____	_____
_____	_____
_____	_____
Total votes cast _____	

MAJORITY VOTE CONSTITUTES ELECTION TO OFFICE

Signed by Tellers:

Counselor

APPROVAL SLIP
From MINUTES REVIEW COMMITTEE
Of the minutes of the
LWML CID CONVENTION



(Date)

TO: EXECUTIVE COMMITTEE of the
BOARD OF DIRECTORS
LUTHERAN WOMEN’S MISSIONARY LEAGUE
CENTRAL ILLINOIS DISTRICT

The committee appointed by _____ to review the minutes
(LWML CID President)

of the _____ Convention of the Lutheran Women’s Missionary
(number)

League Central Illinois District, held in _____,
(city)

Illinois, on _____, hereby submits its approval of said minutes.
(date)

Signed: _____
Chairman of the Minutes Review Committee



LUTHERAN WOMEN’S MISSIONARY LEAGUE
CENTRAL ILLINOIS DISTRICT
ZONE DELEGATE CONVENTION EXPENSE VOUCHER

NAME _____ ZONE _____

ADDRESS _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

As a delegate to the LWML Convention in _____,

I received a convention allowance of \$ _____ from the LWML CID.

My expenses were:

Registration \$ _____

Travel _____

Lodging (based on at least
2 or 3 to a room) _____

Meals _____

Total \$ _____

The LWML CID does not pay for personal phone calls, rooms used beyond the stipulated number of nights, tourist attraction fees, entertainment and clothing.

Within TEN (10) days following the convention, this expense voucher (whether or NOT there is any expense money to return) together with any unused amount of convention allowance should be returned to the LWML CID President. The LWML CID convention allowance may not cover all the expenses incurred. Checks shall be written to LWML CID.

SIGNATURE _____

Thank you for “SERVING THE LORD WITH GLADNESS.”

GUIDELINES FOR

YOUNG WOMEN REPRESENTATIVE
to LWML CONVENTION

Application deadline is October 1, _____

Young women in the Central Illinois District, ages 21-35, who are active members of a congregation within the Central Illinois District-LCMS are eligible to apply.

Representatives shall:

1. Be committed to their Lord with regular attendance in His house of worship on each Lord's Day;
2. Be informed of the objectives of the Lutheran Women's Missionary League;
3. Allocate the approximate time of one week for travel and convention;
4. Submit a biographical sketch and reason(s) for applying;
5. Attend the March meeting of the LWML CID Board of Directors prior to the LWML Convention to receive pertinent information;
6. Attend convention sessions as directed and study the materials provided; and
7. Report impressions and reactions to the LWML CID Board of Directors on request.

A Convention allowance for travel, housing and meals will be given by the LWML CID. The allowance may not completely cover all expenses incurred.

The Young Women Representatives selected will be notified following the October/November Board of Directors' meeting. The selection will be based on the information submitted. Two (2) applicants will be selected.

If other information is desired, contact your Zone LWML President.

MAIL ATTACHED APPLICATION TO:

Young Women's Recruitment Chairman (email: _____)

LUTHERAN WOMEN'S MISSIONARY LEAGUE
CENTRAL ILLINOIS DISTRICT
YOUNG WOMAN REPRESENTATIVE APPLICATION FORM

Name _____ Age (21-35) _____

Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (cell) _____

Occupation _____

Congregation & City _____

Society President _____

Pastor's Signature _____

(You may wish to answer the questions on a separate sheet of paper.)

1. The LWML motto is "Serve the Lord with Gladness" (Psalm 100:2)
 - a. Please describe and give details of how you "Serve the Lord with gladness" in your life?

 - b. What organizations are you (have been) active in your church and community?

2. Please give a short summary of your knowledge and involvement in LWML?

3. The LWML Young Women's Representative (YWR) position holds a great deal of respect and responsibility.
 - a. Please convey why you desire to be a YWR for the LWML CID.

 - b. What are some of your strengths as well as other assets you would like to contribute to LWML as a YWR?

4. The LWML Convention is a motivating and spiritually uplifting event! It is very busy and time consuming. Since there is very little free time, it can be demanding. Please express your willingness to participate in the daily activities as well as evening events.

5. Please attach a letter of recommendation and support from someone who has known you for at least one year and is able to identify why you are the best possible choice as our YWR.

(Page 2 of 2)

CONVENTION HOSTS

63 rd	2008	Peoria/Pekin
64 th	2009	Springfield
65 th	2010	Quincy
66 th	2011	Lincoln (in Peoria)
67 th	2012	Rock Island
68 th	2013	Decatur
69 th	2014	Effingham/Shelby
70 th	2015	Champaign
71 st	2016	Jacksonville
72 nd	2017	Altamont
73 rd	2018	Bloomington
74 th	2019	Danville
75 th	2020	Peoria/Pekin
76 th	2021	Springfield
77 th	2022	Quincy
78 th	2023	Rock Island
79 th	2024	Lincoln
80 th	2025	Decatur
81 st	2026	Effingham/Shelby
82 nd	2027	Champaign

CONVENTION THEMES

1965	Joyous Workers in the Lord
1966	Every Tongue Shall Praise Thee
1967	Radiant Faith
1968	Holy God, We Praise Thy Name
1969	To God Alone All Glory
1970	Praise God From Whom All Blessings Flow
1971	The Word for the World
1972	Shout Joy – Share Love
1973	Live With More Love
1974	Bloom Where You are Planted
1975	Let the Son Shine
1976	Freedom Is – Being His
1977	Saints: Commissioned and Compelled
1978	Heaven is My Home
1979	Prepare the Way
1980	Spread the Word
1981	Walk in Wisdom
1982	Mold Me, Lord
1983	Feed Thy Children
1984	He’s Coming Again
1985	Friends in Faith
1986	Salt the Earth
1987	The Lord is My Light

1988	Victory Through Christ
1989	The Lord Make His Face
1990	Celebrate the Jubilee-Proclaim Liberty to All
1991	Sing! Praise His Holy Name
1992	The Lord Make His Face
1993	Pray the Word Spread Rapidly and Be Honored
1994	Build on the Rock
1995	In Step with the Master
1996	50 Years By God’s Design
1997	Let Your Light Shine
1998	Reflecting the Light
1999	All Nations Will Come To Your Light
2000	The Truth Will Set You Free
2001	Christ Yesterday, Today and Forever
2002	Drawn to the Cross
2003	Bloom Where You Are Planted
2004	Hope Filled....Heaven Bound
2005	Shine Like the Stars
2006	The Son Still Shines
2007	On Christ, the Solid Rock I Stand
2008	He IS the Rock, His Works Are Perfect
2009	Crown of Life
2010	You Are Precious and Honored in My Sight
2011	Prepare, Serve and Strengthen
2012	Come to the Water
2013	My Cup Runneth Over
2014	Soar on Wings Like Eagles
2015	Gathered Together In His Name
2016	Create In Me A Clean Heart O God

ZONE RESPONSIBLE FOR BIENNIAL**LWML CONVENTION BANNER**

2005	Danville
2007	Decatur
2009	Effingham/Shelby
2011	Jacksonville
2013	Lincoln
2015	Peoria/Pekin
2017	Quincy
2019	Rock Island
2021	Springfield
2023	Altamont
2025	Bloomington
2027	Champaign