REQUEST FOR DEPARTMENT PRESIDENT'S OFFICIAL VISIT

UNIT # _____ TOWN _____ COUNTY _____ DISTRICT # _____

CONTACT PERSON AND TITLE _____

PRESIDENT'S NAME AND PHONE NUMBER _____

COMMANDER'S NAME AND PHONE NUMBER _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____

TELEPHONE HOME (_____) _____ WORK (_____) _____

E-MAIL ADDRESS _____

FIRST CHOICE	INFORMATION	SECOND CHOICE
_____	DATE OF VISIT	_____
_____	OCCASION	_____
_____	TYPE OF MEETING Unit, County, District, Other - please specify	_____
_____	TIME	_____
_____	LOCATION NAME Post Home, School, Restaurant, Church, etc.	_____
_____	LOCATION PHONE NUMBER	_____
_____	LOCATION ADDRESS Need street name and building number	_____
_____	DIRECTIONS FROM MAJOR HIGHWAYS – PLEASE SEND MAP	_____
_____	TYPE OF AUDIENCE Auxiliary, Legion, both	_____
_____	TIME ALLOTTED FOR PRESIDENT'S SPEECH	_____
_____	OTHER SPEAKERS	_____
_____	ADDITIONAL REMARKS/COMMENTS	_____

PLEASE ADD ADDITIONAL INFORMATION ON THE BACK OF THIS FORM.

PLEASE MAIL THIS REQUEST <u>DIRECTLY</u> TO:
(PLEASE ENCLOSE A *<u>MAP</u>* OF THE LOCATION, *<u>DIRECTIONS</u>*, AND *<u>STREET ADDRESSES</u>*.)

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