

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>.)	Norma Hawkins 563-238-5921 3224 180 th Street Lawler, IA 52154
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