

DEPARTMENT REPRESENTATIVE VISITATION
DISTRICT/POST REQUEST FORM

ALL REQUESTS SHOULD HAVE AT LEAST 60 DAYS ADVANCE LEAD TIME

DISTRICT: _____ POST: _____

REASON FOR REQUEST: _____

_____.

_____.

DATE OF PROGRAM: _____

LOCATION OF PROGRAM: _____

_____.

_____.

Street

City

AUXILIARY INCLUDED: _____

YES

NO

LOCAL CONTACT PERSON: _____

PHONE NO: _____

WHAT ROLE WILL THE REPRESENTATIVE PLAY DURING PROGRAM?

MAIN SPEAKER _____ GREETINGS FROM DEPARTMENT _____

GUEST _____ OBSERVER _____ OTHER _____

Has the news media been contacted? _____

Has the event received PR in Post or District? _____

If the event includes a dinner or banquet will the Representative be expected to pay? _____

Their spouse or aide? _____

(These two questions are asked solely to avoid awkward situations for all concerned)

Send all requests to: Veterans of Foreign Wars
Department of Oregon
12440 N.E. Halsey Street
Portland, Oregon 97230-1927