

American Legion Auxiliary Department of Wisconsin

Request for visit by Department President or Department Chairman

Invitation is extended to: _____

Request for visit from: Unit# _____ Unit Name: _____

Event: _____ Location: _____

(Post/Civic Bldg/Other Place)

Address: _____ Town: _____ Phone # _____

Date of Event: _____ Time of Event: _____

Contact Person: _____ Phone#: _____

Name of person(s) who will meet the President/Chairman: _____

Is the event a: Luncheon Dinner Unit Meeting District Meeting, County Meeting
 Other _____

Will the President/Chairman: Provide Greetings only Be the main speaker of the event

Preferred subject _____ Expected to participate in other activities

Activities information _____

Who is expected to attend the event: Auxiliary Members American Legion SAL Youth
 Others _____

Does the invitation include a guest of the President/Chairman? Yes or No

Dress for the occasion is: Formal Business Casual (jeans/shirts) Other: _____

What news media will attend? Radio TV News Publications

Will lodging be provided for the President/Chairman? Yes or No

Details _____

Unit President: _____ Phone: _____

Address: _____ City/Zip: _____

**PLEASE MAIL THIS REQUEST TO THE INVITED PARTY AND SEND A COPY TO:
DEPARTMENT SECRETARY, AMERICAN LEGION AUXILIARY, P.O. BOX 140, PORTAGE, WI
53901**