

American Legion Auxiliary Department of Wisconsin

Request for Visit by Department President or Department Chairman

PLEASE MAIL THIS REQUEST DIRECTLY TO THE INVITED PARTY.

SEND A COPY TO THE DEPARTMENT SECRETARY: AMERICAN LEGION AUXILIARY, P.O. BOX 140, PORTAGE, WI 53901

Invitation is extended to:			
Request for visit from: Unit# Unit Na	ame:		
Event:	Location:	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 Presiden	nt/Chairman:		
Is the event a: Luncheon Dinner U	nit Meeting District	Meeting County Meeting Other	
Will the President/Chairman: Provide Greetings Only Be the main s Expected to participate in other activities (a) Who is expected to attend the event: Auxi	activities info:).	
Does the invitation include a guest of the Pres	ident/Chairman?	es No	
Dress for the occasion is: Formal Info	ormal (business) Cas	sual (jeans/shirts)	
What news media will attend? Radio	TV News Public	cations	
Will lodging be provided for the President/Ch	airman? Yes N	No	
Details			
Unit President	Phone:		
Address:	City/Zip		