

District/Post request for Department Commander Visitation

ALL REQUESTS SHOULD HAVE 45 DAYS NOTICE

SEND ALL REQUESTS TO: The American Legion
Department of Oregon
PO Box 1730
Wilsonville, OR 97070-1730
(503) 685-5006 (fax) (503) 685-5008

District# _____ Post# _____ Commander/Adjutant _____
Reason for request: Post Meeting _____ District Meeting _____ Installation _____
Awards Ceremony _____ Dinner/ Banquet _____ Other (Specify) _____
Date of function _____ Time (AM or PM) _____
Location of Function (address & phone #) _____
Does the event include The American Legion Auxiliary: _____ S.A.L.: _____
If the Commander is not available on the requested date, will the Department
Vice- Commander or another representative be acceptable? Yes _____ No _____
What role will the Department Commander or representative play during function?
Main Speaker _____ Greetings from Department _____ Guest/Observer _____ Other _____
Has the news media been contacted? Yes _____ No _____
Has event received PR in Post and or District? Yes _____ No _____
Have any other Department Officers or representatives been contacted: Yes _____
No _____ If yes: Who _____
If the function includes a dinner or banquet, will the Commander or representative
be expected to pay? Yes _____ No _____
Will their spouse or traveling companion? Yes _____ No _____
(These two questions are asked solely to avoid awkward situations for all
concerned)

Local Contact Person: _____ Phone: (____) _____

Whenever possible, visits by the Department Commander will be coordinated with other Posts or Districts in the area to economize on the travel of the Commander and to maximize the efficiency of the Commander to make as many visits as possible during his tour.

DISTRICT COMMANDERS
VISITATION REPORT

DISTRICT NUMBER _____

DISTRICT CMDR NAME _____

[illegible]