

# *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.