

REQUEST FOR DEPARTMENT OFFICER

Date: _____, District Number: _____, Post Number: _____

Date of Function: _____, Time of Function: _____

Name of Function (District Meeting, PC/PC Banquet, etc.): _____

Location of Function: _____

Address: _____, City: _____, State: _____, Zip: _____

First Choice: _____

Second Choice: _____

Third Choice: _____

Contact Person: _____ Address: _____

City: _____, State: _____, Zip: _____, Phone: _____

Requested as: _____ Dress: _____

Complete the following, after the assignment has been made and returned to you. Forward to person being assigned to the function.

Directions to Function: _____

List of area Hotels/Motels (address/phone): _____

This assignment was made as soon as requested; changes may occur to this assignment due to unforeseen circumstances.

**Mail to: Department of Michigan
Veterans of Foreign Wars
924 North Washington
Lansing, Michigan 48906**

For Department Use:

Person Assigned: _____

Address: _____

City: _____, State: _____, Zip: _____