

REQUEST FOR DEPARTMENT OFFICER OR REPRESENTATIVE

Auxiliary Name _____ Aux. # _____ District # _____

Location of Event _____

Date & Time of Event _____ Type of Event _____

Will the event include a meal? Yes _____ No _____

If Yes, please enter time below.

Breakfast _____

Dinner _____

Lunch _____

Cocktail/Social Hour _____

Estimated length of program: _____

Dress Code: Formal _____ Informal _____
Business _____ Uniform _____

Function of the Officer/Representative?

Guest Speaker _____ Comments only _____ Other _____

Name of Officer/Representative Requested:

First choice: _____

Second choice: _____

Third choice: _____

Contact Person or Host/Hostess:

Name: _____

Address _____

Telephone # _____ City _____ Zip _____
Post Telephone # _____

Additional Information:

Mail request to:

Michigan Auxiliary VFW
924 N. Washington Avenue
Lansing, MI 48906-5136