

# 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 \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone # \_\_\_\_\_ Post Telephone # \_\_\_\_\_

Assigned Aide to the Representative \_\_\_\_\_

## Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail request to:

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