

REQUEST FOR DEPARTMENT COMMANDER'S VISIT
Carl Moon 2024-2025

1st Choice

Date of Visit _____ Place of Event _____

Street Address of Event _____

Type of Event, (i.e., recognition dinner) _____

Type of Audience _____ Starting Time _____

2nd Choice

Date of Visit _____ Place of Event _____

Street Address of Event _____

Type of Event, (i.e., recognition dinner) _____

Type of Audience _____ Starting Time _____

Name & Phone Number of Contact Person _____

Email _____

What is expected of the Cmdr.? (i.e., greetings, update veterans' issues) _____

Hotels in the Area _____

Authorize a Dept Vice Cmdr. in the Commander's Place Yes _____ No _____

Location and Number of Post/Unit _____

Name of Post Commander _____

Name of Unit President _____

Name of SAL Commander _____

PLEASE PRINT CLEARLY

**Completed form should be emailed to department@mnlegion.org or mailed to:
The American Legion, Department Commander's Visits, 20 West 12th Street, Room
300A, St. Paul, MN 55155**