

REQUEST FOR DEPARTMENT COMMANDER'S VISIT

Linda Dvorak 2025-2026

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**