

COMMANDER VISITATION REQUEST



Date of Event: _____

Place of Event: _____

Time of Event: _____

James B. May
The American Legion,
Department of Indiana
Department Commander
2016-2017

To request commander, please complete this visitation questionnaire and return it to scheduling@indlegion.org or mail to the Department of Indiana Headquarters at the address below to request visit.

Chairmen of the event: _____

Phone #: _____ Email: _____

Type of event: _____

Address of event: _____

May I bring a guest? _____

Am I to speak? _____

If so, topic: _____

Time allotted: _____

What is the attire for the event? _____

If housing is provided where : _____

Confirmation #: _____

Other pertinent information: _____

When this form is completed, please forward to:

Attn: Commander Scheduling
The American Legion,
Department of Indiana
5440 Herbert Lord Road
Indianapolis, Indiana 46216