REQUEST FOR DEPARTMENT OFFICER

Date:	, District Number:, Po		Post Number:	
Date of Function:	, Time of	Function:		
Name of Function (D	istrict Meeting, PC/PC B	anquet, etc.):		
Location of Function:	:			
Address:	, City	, City:		, Zip:
First Choice:				
Second Choice:				
Third Choice:				
Contact Person:		Address: _		
City:	, State:	, Zip:	, Phone: _	
Requested as:		Dress:		
	otels (address/phone):			
assignment due to Mail to: Departm Veterans	was made as soon as unforeseen circumstent of Michigan of Foreign Wars h Washington		changes may	occur to this
	Michigan 48906			
For Department Use	2.			
Person Assigned:				
Address:				
Citv:	. State:	. Zin:		