



DEPARTMENT OFFICER/STAFF  
SPEAKER REQUEST FORM

Please submit this completed document to *Tamar Fowler* via email at [ExecutiveAdmin@ohiolegion.com](mailto:ExecutiveAdmin@ohiolegion.com), fax at 740-362-1429, or mail to 60 Big Run Rd. Delaware, OH 43015, at least **30 days** prior to the event.

The Department Adjutant and Department Commander will review for authorization. A copy of this document will be provided to the Officer or Staff member being requested so it is imperative that any written requests be legible if handwritten. To ensure the person being requested has time to prepare, please submit in a timely manner. An alternative may be requested if the primary person cannot attend.

**EVENT INFORMATION**

DATE OF EVENT: \_\_\_\\_\_\_\\_\_\_ DAY OF EVENT: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ POST: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

PHONE:(\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

OFFICER/STAFF BEING REQUESTED: \_\_\_\_\_

SECONDARY OFFICER/STAFF REQUESTED: \_\_\_\_\_

NAME OF EVENT/FUNCTION: \_\_\_\_\_

LOCATION OF EVENT/FUNCTION: \_\_\_\_\_

SPECIFIC ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_ EVENT BEGINS: \_\_\_\_\_ EVENT ENDS: \_\_\_\_\_

**DETAILS OF EVENT**

WILL THE OFFICER/STAFF BE EXPECTED TO SPEAK (YES/NO): \_\_\_\_\_ HOW LONG: \_\_\_\_\_

TOPIC OF SPEECH: \_\_\_\_\_

WHO IS THE AUDIENCE: \_\_\_\_\_

IS AUDIO/VISUAL PRESENTATION REQUIRED: \_\_\_\_\_

ARE MARKETING MATERIALS REQUIRED (YES/NO) \_\_\_\_\_ IF YES, HOW MANY? \_\_\_\_\_

WHICH ITEMS? \_\_\_\_\_

WILL DISTINGUISHED GUESTS BE IN ATTENDANCE (YES/NO)? \_\_\_\_\_

IF YES, WHO? \_\_\_\_\_

*(PLEASE GIVE NAMES AND TITLES OF ALL WHO SHOULD BE GIVE RECOGNITION BY THE OFFICER OR STAFF SUCH AS PDC/PNC, NEC, MAYOR, CONGRESSMAN, AUXILIARY, SAL, etc.)*

ADDITIONAL INFO: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_