



**DEPARTMENT OFFICER/STAFF
SPEAKER REQUEST FORM**

Please submit this completed document to *Marie Leister* via email at leister@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 _____