

**VETERANS OF FOREIGN WARS DEPARTMENT OF OHIO**  
**P.O. Box 15219**  
**Columbus, Ohio 43215-0219**

**REQUEST FOR DEPARTMENT REPRESENTATIVE.**

Please use this form for your request for a Department Representative. Send this form to Department Headquarters as soon as your function is schedule, but no less than thirty (30) days prior to the function. Your request will be filled on a first come basis.

Date Submitted \_\_\_\_\_

Post Name and Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Function \_\_\_\_\_ Time \_\_\_\_\_

Type of Function \_\_\_\_\_

Duties Requested of Representative \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Post \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

Choice of Representative

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

If overnight housing is required, please complete the following:

Name of Hotel \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_