

**VETERANS OF FOREIGN WARS
DEPARTMENT OF OHIO**

REQUEST FOR DEPARTMENT REPRESENTATIVE

Please use this form for your request for a Department Representative. Send this form to **Chris Haynes, Chief of Staff** 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_____

Date of Function_____Time_____

Type of Function_____

Duties Requested of Representative_____

Name of Contact Person_____Post_____District_____

Address_____City_____

Zip Code_____Phone Number ()_____

Email: _____Choice of Representative

(1)_____

(2)_____

(3)_____

If overnight housing is required, please complete the following:

Name of Hotel_____

Address_____City_____

Phone Number ()_____

**Mail to: Chris Haynes, Chief of Staff
4037 Withrow Rd
Hamilton, OH 45011
Email: chrisvfwdc15@gmail.com**