

STATE VFW REPRESENTATIVE REQUEST FORM

Request for assignment of a Department representative will be considered only after this form is completed, properly signed and returned to this headquarters.

Please mail/email the form to: Department Adjutant, Department of New Jersey – VFW, 171 Jersey St Bldg 5 Flr 2 Trenton NJ 08611 or email it to him at:

adjutant@njvfw.com Must be submitted 30 days prior to affair.

1. The name and title of the person making this request.

2. What is the event?

3. Who do you want as the Department representative for this event?

1 _____ 2 _____

3 _____ 4 _____

4. Where is the event being held?

5. What date and by what time should the representative schedule his arrival?

6. What is the representative expected to do during this event (FUNCTION, DATE & APPROXIMATE TIME)?

7. What type of dress will be required? Please be specific.

Casual _____ Business _____ Bl/Gy _____ Formal: Bk. ___ Wt. _____

8. Who is assigned responsibility for coordinating this event with Department Headquarters or the department representative?

Name: _____

Title: _____

Telephone: Work _____ Home: _____

Cell _____

Signed: _____

Date: _____