The American Legion

Department of New York

1304 Park Blvd Troy, NY 12180

(518) 463-2215

|  |
| --- |
| Department Commander’s County Visitation Summary |
| ***County*** |  | ***Visitation Date(s)*** |  |
|  |  |  |  |
| ***County Contact(s)*** |
| ***Commander*** | Name |  |
| Street |  |
| ***City/State/Zip*** |  |
| ***Home Phone*** |  |
| ***Work Phone*** |  |
| ***Other/Alternate*** | ***Name/Position*** |  |
|  | ***Home Phone*** |  |
|  | ***Work Phone*** |  |
|  |
| Itinerary | Joint Visitation? Y/N |
| Event | ***Time(s)*** | ***Location/Phone*** |
| ***Lunch*** |  |  |
| ***Press Conference*** |  |  |
| ***Tour*** |  |  |
| ***Dinner*** |  |  |
| Lodging |
| ***Hotel/Motel*** | ***Name*** |  |
|  | ***Street*** |  |
|  | ***City/State/Zip*** |  |
|  | ***Phone*** |  |
| ***Arrival Date:*** | ***Departure Date:*** |
| ***Has reservation been confirmed? Y/N*** | ***Confirmation Number:*** |

*COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| ***COUNTY LEGION PROVIDES THE FOLLOWING*** |
|  | ***(Yes or No)*** |
|  | ***ROOM*** | ***LUNCH*** | ***DINNER*** |
| *Department Commander & Guest* |  |  |  |
| *Department Vice Commander & Guest* |  |  |  |
| *District Commander & Guest* |  |  |  |
| *District Vice Commander & Guest* |  |  |  |
| *Department Commander’s Aide*  |  |  |  |
| *Department Photographer* |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***COUNTY AUXILIARY PROVIDES THE FOLLOWING*** |
|  | ***(Yes or No)*** |
|  | ***ROOM*** | ***LUNCH*** | ***DINNER*** |
| *Department President & Guest* |  |  |  |
| *District President & Guest* |  |  |  |
| *Others:* |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***POST OR COUNTY SQUADRON PROVIDES THE FOLLOWING*** |
|  | ***(Yes or No)*** |
|  | ***ROOM*** | ***LUNCH*** | ***DINNER*** |
| *Detachment Commander* |  |  |  |
| *SAL District Commander* |  |  |  |
| *Others:* |  |  |  |
|  |  |  |  |

 *Send copies of this completed summary to:*

*James W. Casey - Department Adjutant – jim@nylegion.org*

*Kristine Delap – Program Coordinator/Admin – kdelap@nylegion.org*

 *Department Vice Commander (your district)*

 *Once received at Headquarters we will distribute all information to the Traveling party. Thank you.*