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.*