



State Department
OhioAMVETS

AMVETS POST EVENT COVERAGE REQUEST FORM

All forms must be submitted 30 days prior to Function/Event.

AMVETS Post: _____

Date Submitted: __/__/____

Post E-Mail: _____

Date/Time of Function/Venue: _____

Type of Function/Venue: _____

Post Contact Person: Name: _____

E-Mail: _____

Phone: _____

Preferred Contact Method: _____

Post Address: _____

SPECIAL NOTES (Who, what, where, why, what for):

Post Commander: _____

Signature/Phone Number: _____

E-mail address: _____

All requests for AMVET Department of Communications will be reviewed by PR Committee.

Event Coverage availability is based upon the number of requests received.