

123  
**SESAME STREET**  
**ELMobility**  
**Room**

## Unit Request Form

The unit will need to provide at least two volunteers to assist with the set-up and tear-down of the room, and the unit will be responsible for providing their own child care.

**Requests should be submitted at least four weeks in advance.**

Today's Date: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Name of Requesting Unit: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Number of Children expected: \_\_\_\_\_ Age Range: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Contact Person: \_\_\_\_\_

Phone: (    )    -    ext - (    )

E-mail: \_\_\_\_\_



**Brought to you by  
your friends at:**

The American Legion  
Department of Michigan

**Send Requests to:**

**The Elmobility Room:**

Room Coordinator: Lisa Wolf

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**or**

Reconnect Committee Chairman: Gary Tanner, American Legion Department of Michigan

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