



The American Legion, Department of Texas Oratorical Contestant Winner Registration Form

_____ American Legion Post # _____ District _____ Division _____
(Post Name)

Certifies the following Oratorical Contestant from:

High School, Charter School, Home School

Contestants Name

Age

Grade

Mailing Address

Zip Code

Phone

Email Address

Chaperone/Escort

Mailing address for Chaperone/Escort

Phone Number

Date

Signature of Oratorical Chair

Signature of Commander or Adjutant

Instructions and Mailing address

Pursuant of the actions of the Department Executive Committee, September 23, 1959, all participants in the Oratorical contest will be certified by this form to the Department Headquarters within 3 days of the completion of the competition. Contestants not properly certified may **NOT** be eligible to advance and compete in any future contest for that given year. Copy this form as needed.

Send the information to the Oratorical Chair at the next level and Michaels@txlegion.org
The American Legion, Department of Texas Oratorical Program Box 140527, Austin, TX 78714