

## AMERICAN LEGION, DEPARTMENT OF WYOMING PO Box 20172

## **CHEYENNE, WYOMING 82003**

(307) 634-3035 Fax (307) 635-7093 ADMINASSIST@WYOLEGION.ORG WYOLEGION.ORG

FOR GOD AND COUNTRY

## ORATORICAL CONTEST OFFICAL ENTRY

SPONSORING POST NAME & NUMBE	CR	located in
ORATOR'S NAME:		AGE
MAILING ADDRESS:Street or Box #.	Town, Zip Code	Phone
		email:
Parent's Name(s )	Phone	
Speech Coach's Name (used for prizes) _		
Date of arrival in Contest Town	Approximate time of arrival	
Number of people in your party?	Will you require hotel/motel?	
CER	TIFICATION OF ELIGI	BILITY
I,	, certify that	is regularly of Student, please print)
(Principal, please print your name)	(Name	of Student, please print)
enrolled in GRADE at	(School Name)	High School as of this date, and is
eligible to participate in this program.	(Senoor Nume)	
Signed:	, Principal	High School
School's Mailing Address		Phone
POST CERTIFICA	TION OF WINNER FOR	DISTRICT CONTEST
Signed:	, Printed	Date
Commander/Representative	Co	ontestant placed:
DISTRICT CERTIFICA	TION OF WINNER FOR	DEPARTMENT CONTEST
Signed:	, Printed	Date
Commander/Representative	, Printed Date Contestant placed:	

<u>IMPORTANT</u> - Make four (4) copies of this completed form. Mail one copy to each; your District Commander, Department Oratorical Chairman, and Department Adjutant. Retain one copy for Post records.