

APPLICATION FOR DEPARTMENT COLOR GUARD CONTEST

MAIL TO: The American Legion, Department of Texas, PO Box 140527, Austin, TX. 78714

COLOR GUARD: (Check one) LEGION _____ SAL _____

The _____

Representing _____ No. _____

(Post – District – Division)

of The American Legion at _____ hereby makes application for entry in The American Legion Color Guard Contest at the Annual Department Convention. It is agreed that this Organization will comply with the rules and regulations governing this contest. The personnel of the Organization is as follows:

<u>NAME</u>	<u>ID #</u>	<u>NAME</u>	<u>ID #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Length of Flag Poles: _____

Application Form and \$25.00 Registration fee, per member, must be received at Department Headquarters 30 days prior to Department Convention.

COLOR GUARD SERGEANT (to receive correspondence) CERTIFIED BY:

(NAME)

(COMMANDER – ADJUTANT)

(MAILING ADDRESS)

(MAILING ADDRESS)

(CITY) (ZIP CODE)

(CITY) (ZIP CODE)