

**APPLICATION FOR DEPARTMENT COLOR GUARD CONTEST**

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

COLOR GUARD: 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: \_\_\_\_\_

A \$25.00 Registration fee, per member, must accompany this form.

COLOR GUARD SERGEANT (to receive correspondence)

CERTIFIED BY:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(COMMANDER – ADJUTANT)

\_\_\_\_\_  
(MAILING ADDRESS)

\_\_\_\_\_  
(MAILING ADDRESS)

\_\_\_\_\_  
(CITY) \_\_\_\_\_  
(ZIP CODE)

\_\_\_\_\_  
(CITY) \_\_\_\_\_  
(ZIP CODE)