

**THE AMERICAN LEGION
DEPARTMENT OF TEXAS**

**POST JR. SHOOTING CHAIRMAN
CERTIFICATION FORM**

MUST BE COMPLETED BY POST ADJUTANT

American Legion Post _____, located in _____ hereby, certifies the following individual as Post American Legion Jr. Shooting Chairman:

Name: _____ **ID #:** _____

Address: _____

City: _____ **ST** **TX** **Zip:** _____

PH: _____ **Email:** _____

All American Legion Jr. Shooting packets are mailed in October. Posts that certify their Jr. Shooting Chairman will receive this extra packet. All other Posts will receive only the standard Post Jr. Shooting Mailing.

Post Commander / Adjutant

Date