THE AMERICAN LEGION, DEPARTMENT OF TEXAS
HIGH SCHOOL ORATORICAL CONTESTANT
REGISTRATION FORM

_________________________ American Legion Post No. ______ District ___________
(Post Name)

certifies the following Oratorical Contestant from:

High School

Contestant ______________ Age _____ Grade _____

Mailing Address __________________ Zip Code __________

( ) ______ - ____________________________
Phone __________________________ Email Address

Oratory Coach (if information is available)

Mailing Address __________________ Zip Code __________

Signature of Post Oratorical Chairman  Date __________
Signature of Post Commander or Adjutant

Instructions and Mailing Address
Pursuant of the actions of the Department Executive Committee, September 23, 1995, all participating Oratorical
Contestants of the Post should be certified by this form to the Department Headquarters within 3 days of the
completion of the competition. Any contestant not properly certified may not be eligible to advance and compete in
the District Oratorical Contest. This form may be copied as necessary.

Email the information to michaels@txlegion.org
If unable to email, send to the Department Headquarters, ATTN; Internal Affairs P.O. Box 140527, Austin, Texas
78714-0527.

Revised 2-2014