



# The American Legion, Department of Texas Oratorical Contestant Winner Registration Form

\_\_\_\_\_ American Legion Post # \_\_\_\_\_ District \_\_\_\_\_ Division \_\_\_\_\_  
(Post Name)

Certifies the following Oratorical Contestant from:

\_\_\_\_\_  
High School, Charter School, Home School

\_\_\_\_\_  
Contestants Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
Chaperone/Escort

\_\_\_\_\_  
Mailing address for Chaperone/Escort

\_\_\_\_\_  
Phone Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Oratorical Chair

\_\_\_\_\_  
Signature of Commander or Adjutant

### Instructions and Mailing address

Pursuant of the actions of the Department Executive Committee, September 23, 1959, all participants in the Oratorical contest will be certified by this form to the Department Headquarters within 3 days of the completion of the competition. Contestants not properly certified may **NOT** be eligible to advance and compete in any future contest for that given year. Copy this form as needed.

Send the information to the Oratorical Chair at the next level and [Michaels@txlegion.org](mailto:Michaels@txlegion.org)  
The American Legion, Department of Texas Oratorical Program Box 140527, Austin, TX 78714