



AMERICAN LEGION, DEPARTMENT OF WYOMING
1320 HUGUR AVE.
CHEYENNE, WYOMING 82001
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 WYLEGION.ORG

FOR GOD AND COUNTRY

ORATORICAL CONTEST OFFICAL ENTRY

SPONSORING POST NAME & NUMBER _____ **located in** _____

ORATOR'S NAME: _____ **AGE** _____

MAILING ADDRESS: _____ **Phone** _____
Street or Box #, Town, Zip Code

Orator's email: _____ **Parent's email:** _____

Parent's Names _____ **Phone** _____

Speech Coach's Name (used for prizes) _____

Date of arrival in Contest Town _____ **Approximate time of arrival** _____

Number of people in your party? _____ **Will you require hotel/motel?** _____

CERTIFICATION OF ELIGIBILITY

I, _____, (Principal, please print your name) **certify that** _____ (Name of Student, please print) **is regularly**

enrolled in GRADE _____ **at** _____ **High School as of this date, and is**
(School Name)
eligible to participate in this program.

Signed: _____, **Principal** _____ **High School**

School's Mailing Address _____ **Phone** _____

POST CERTIFICATION OF WINNER FOR DISTRICT CONTEST

Signed: _____, **Printed** _____ **Date** _____
Commander/Representative _____

DISTRICT CERTIFICATION OF WINNER FOR DEPARTMENT CONTEST

Signed: _____, **Printed** _____ **Date** _____
Commander/Representative _____

IMPORTANT - Make four copies of this completed form. Mail one copy to your District Commander, Department Oratorical Chairman, and Department Adjutant. Retain one copy for Post records.
 (Rev. November 2015)