The American Legion

Post Name \_\_\_ Post No. \_\_\_

Address

City, Texas Zip

Date

Post Oratorical Contest is (Time) (Date) at Post \_\_\_ – Post Address \_\_\_. Please enroll me into the 2024 American Legion Post \_\_\_ Oratorical Competition:

Name:

Address:

City, State, Zip:

Telephone & Email:

Mother Name:

Mother Phone & Email:

Father Name:

Father Phone & Email:

School Name:

Counselor/Debate Name:

Counselor/Debate Phone & Email:

Signed

**Return to: \_\_\_Email@YourPost.com**

1