

CERTIFICATION OF DEPARTMENT ORATORICAL CONTEST WINNER

This certification is to be completed and signed by the Department Winner and the Department Adjutant or his authorized representative, immediately upon the conclusion of the Department Finals Contest. Mail or fax (317-630-1369) to: Assistant Director, Americanism and Children & Youth Division, Attention: Oratorical, The American Legion, P. O. Box 1055, Indianapolis, Indiana 46206.

This is to certify that the following contestant won the _____ Department Finals Oratorical Contest.

Contestant's Name:

(As it appears on a government issued form of identification)

Date of Birth:

E-mail address:

Telephone Number:

Address: _

(Street)

(City)

(State)

(Zip)

Age: _____ Grade: _____

Name of High School:

Chaperone's Full Name:

(As it appears on a government issued form of identification)

Date of Birth: _

E-mail address:

Telephone Number:

Address:

(Street)

(City)

(State)

(Zip)

Relationship to Contestant (Mother/Father/Speech Coach, etc.):

Nearest Airport:

Room Choice:

Single (Contestant and Chaperone in separate rooms). NOTE: Single rooms will be used only if contestant and chaperone are not immediate family. Double (Contestant and Chaperone share same room). NOTE: Double rooms will be used if contestant and chaperone are immediate family.

Signature of Contestant:

Certified by:

ADDITIONAL GUESTS TRAVELLING WITH THE CONTESTANT

Round trip airline transportation to Indianapolis, Indiana for the Department Winner and their chaperone

will be arranged through The American Legion National Headquarters, office of the Assistant Director, Americanism and Children & Youth Division.

National Headquarters will gladly make airline reservations for additional guests that desire to accompany the contestant and chaperone to the National Finals Contests. (Please feel free to reproduce this form for all that (desire airline reservations.)

PLEASE NOTE: The tickets are non-refundable and non-transferable! Reservations will be ticketed electronically.

The following information is required:

Full Name: _

(As it appears on a government issued form of identification)

Date of Birth:

E-mail address:

Telephone Number: _

Address: __

(Street)

(City)

(State)

(Zip)

Credit Card information: Visa MasterCard Discover American Express

Name as it appears on the Credit Card: _

Card

#: _____

Expiration: __

Signature: _

Please type or print legibly!

Hotel Reservations

The American Legion National Headquarters will make reservations for the Department Winner and Chaperone; The American Legion National Headquarters will pay the basic room rate and tax.

Others desiring accommodations need to call University Place at 1-800-627-2700; ask for THE AMERICAN LEGION 2 block. Please be advised that accommodations are limited and are on a first-come, first-served basis. The hotel requires a one-night deposit to guarantee the room; all major credit cards are accepted. Cut-off date for