

COUNTY COMMANDER OF THE YEAR AWARD

Date: _____

From: The American Legion, Department of Wisconsin District _____

To: The American Legion, Department of Wisconsin Commander

Subject: Nomination for County Commander Of The Year Award

The following named County Commander has been selected by this District to be considered as the recipient for the Department's County Commander Of The Year Award:

Name: _____

Address: _____ City: _____ Zip: _____

County Commander of _____ County, District: _____

Achievements include: _____

Percentage of this year's membership: _____%. This must be greater than 100% to be eligible.

Conducted, and reported on, County Youth Government Day Yes No

Conducted County Council meetings Yes No

Attended (unless excused) all required District Conferences/meetings Yes No

Has supervised and ensured that each Post under his/her control has completed and submitted to Department/National Headquarters the mandated Consolidated Post Report form and all other reports as required. Yes No

Other relevant activities and/or comments (Oratorical Contest, Shooting Sports, A&G Testing, Etc.). Use additional page(s) as required.

ATTESTED

Signature: _____

District Commander

District Adjutant

Please submit by June 1 to:

**The American Legion, Department of Wisconsin
P.O. Box 388
Portage, WI 53901**