

WISCONSIN AMERICAN LEGION ORATORICAL PROGRAM CERTIFICATION OF POST – COUNTY – DISTRICT – REGIONAL WINNER

This is to certify that the following Contestant won the Oratorical Contest for:

(Post, County, District)	
•	
STREET	
CITY, STATE, ZIP	
TELEPHONE NUMBER()	
EMAIL ADDRESS	
AGE GRADE	BIRTHDATE/
TITLE OF PREPARED ORATION	
NAME OF HIGH SCHOOL	
CERTIFIED BY	epartment Vice Commander or Department Commander)
SPONSORING POST NO	LOCATION
Name, Address and Telephone Number o	of Contestant's Escort: (Legionnaire from Sponsoring Post)
Name	Phone Number
Address	This information will be used in the event the contestant cannot be reached and contact must be made through
City and Zip	the sponsoring Post.