

DEPARTMENT OF FLORIDA
HIGH SCHOOL ORATORICAL CONTEST
2019-2020 CERTIFICATION FORM

ALL OTHER FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED

THIS SECTION TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL

This is to certify that Miss/Mr. _____ is
a student at _____ High
School, located in(city) _____ and is not
undergoing post-graduate work, is not deficient in any school work for the current year,
and was enrolled in this school as of December 31, 2019.

Contestant's home address is:

Address _____

City _____, Florida, Zip _____

Student's Phone Number _____

Student's E-Mail _____

Parent's First/ Last Name _____

Parent's Phone Number _____

Parent's E-Mail _____

Principal's Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY
POST CHAIRMAN
AND MAILED TO DISTRICT CHAIRMAN

I, _____, Oratorical Chairman of
(name) _____ Post # _____, of The American
Legion Department of Florida, do hereby certify that the above-named student is the
official contestant of this Post in the 2019-2020 American Legion Oratorical Contest.

ATTEST:

SIGNED:

Post Commander

Post Chairman

THIS SECTION TO BE COMPLETED BY
DISTRICT CHAIRMAN
AND MAILED TO AREA CHAIRMAN

I, _____, Oratorical Chairman of District # _____ of
The American Legion Department of Florida, do hereby certify that the named contestant
was declared by the Judges to be the winner of this 2019-2020 District Contest, and is
eligible to represent this District in the Area Contest.

ATTEST:

SIGNED:

District Commander

District Chairman

THIS SECTION TO BE COMPLETED BY
AREA CHAIRMAN
AND MAILED TO DEPARTMENT CHAIRMAN

I, _____, Oratorical Chairman of the
_____ Area of The American Legion Department of Florida, do hereby
certify that the above-named contestant was declared by the Judges to be the winner of this
2019-2020 Area Contest, and is eligible to represent this Area in the Department Contest.

ATTEST:

SIGNED:

Area Commander

Area Chairman

2020 DEPARTMENT OF FLORIDA
POST CHAIRMAN'S CONTEST SURVEY SHEET
*Must be completed and forwarded to Department Headquarters in
the envelope provided, to be eligible for the Department contest.*

Post # _____

1. Post Chairman's Name _____

2. Location of Post Contest _____

3. Date/Time of Post Contest _____

4. Number of contestants _____

5. Number of schools participating _____

6. Name of:

Contestants

School

1st Place _____

2nd Place _____

3rd Place _____

4th Place _____

5th Place _____

6th Place _____

7. Number of Legionnaire's and guests attending your contest _____

8. Prizes or awards given to contestants

1st _____ 2nd _____ 3rd _____

4th _____ 5th _____ 6th _____

Post Chairman: Please fill out this form and forward to
Department Headquarters along with a **copy of the**
Certification Form in the envelope provided.