

DEPARTMENT OF FLORIDA
**HIGH SCHOOL ORATORICAL CONTEST
2020-2021 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 (contestant full name) _____ is a student at _____ (name of school) located in (name of 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, 2020.

Contestant's Full Printed Name	
Contestants Physical Street Address	
Contestant's City and Zip Code	
Contestant's Phone Number	
Contestant's Email	
Parent or Guardian Printed Full Name	
Parent or Guardian Phone Number	
Parent or Guardian Email	
Principal Full Name Printed	
Principal Signature & Date	

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

I, _____, Oratorical Chairman of Post # _____, of
The American Legion Department of Florida, do hereby certify that
_____ is the official contestant of this Post in the 2020-
2021 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
_____ was declared by the Judges to be the winner of this
2020-2021 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
_____ was declared by the Judges to be the winner of this
2020-2021 Area Contest, and is eligible to represent this Area in the Department Contest.

ATTEST:

SIGNED:

Area Commander

Area Chairman