



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



**This certification is to be completed and signed by the Post, County or District Commander, or their Oratorical Chairman, or by the State Vice Commander for the Regional Contests. Certification for Post and County contests, along with the judging sheets, are to be mailed to the next level Oratorical Chairman or Commander. Certification and judging sheets for the District and Regional contests are to be sent to State Headquarters who, in turn, will forward them for the next contest.**

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

\_\_\_\_\_ (Post, County, or District, Regional, Department)

**NAME** \_\_\_\_\_

**STREET** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ LOCAL NEWSPAPER** \_\_\_\_\_

**AGE** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**TITLE OF PREPARED ORATION** \_\_\_\_\_

**NAME OF HIGH SCHOOL** \_\_\_\_\_

**CERTIFIED BY** \_\_\_\_\_  
(Post, County, District Commander, Department Vice Commander or Department Commander)

**SPONSORING POST NO.** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

Name, Address and Telephone Number of Contestant's Escort: (Legionnaire from Sponsoring Post)

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number

\_\_\_\_\_ City and Zip

(This information will be used in the event the contestant cannot be reached and contact must be made through the sponsoring Post).