

LEGIONNAIRE OF THE YEAR – COVER FORM

Post Legionnaire of the Year Chairman must complete this form and mail it to County Legionnaire of the Year Chairman along with your candidate's resume.

COUNTY COMMANDER: PLEASE MAKE COPIES OF THIS FORM AND DISTRIBUTE TO POSTS IN YOUR COUNTY

NAME: _____

ADDRESS: _____

CITY/TOWN/ZIP: _____

COUNTY NAME: _____ POST # _____

CHAIRMAN

ATTESTED: _____
COMMANDER

ADJUTANT