

THE AMERICAN LEGION – DEPARTMENT OF NEW YORK
ORATORICAL CONTEST –COUNTY REPORT

County Name: _____ District Number: _____
Location of County Contest: _____
Date of Contest: _____ Number of Contestants: _____

First Place Winner

District Number: _____
Name: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Telephone Number: _____ Cell Phone Number: _____
Email Address: _____
School Attending: _____ Grade: _____
County: _____ City: _____

Second Place Winner

District Number: _____
Name: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Telephone Number: _____ Cell Phone Number: _____
Email Address: _____
School Attending: _____ Grade: _____
County: _____ City: _____

Awards Presented

<u>1st Place</u> _____	<u>4th Place</u> _____
<u>2nd Place</u> _____	<u>5th Place</u> _____
<u>3rd Place</u> _____	<u>6th Place</u> _____

NOTE: Please get this report, the Form # 1, and a copy of the 1st and 2nd Place winner's speech to your District Oratorical Chairperson **NO LATER THAN TWO (2) DAYS AFTER COMPLETION OF YOUR CONTEST.** Also, email (PaternosAL@aol.com) or FAX (516-308-7020) a copy of this report to the Department Oratorical Chairperson, Anthony L. Paternostro.