

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

SEND TO ZONE CHAIR: The original Form # 1, and Prepared Orations of the 1st and 2nd Place winners must be sent to your Zone Oratorical Chair **no later than two days after the completion of your contest.**

SEND TO DEPARTMENT CHAIR: A copy of this report will be sent to the Department Chair Anthony Paternostro immediately following your contest. Checks for your contestants will be issued from Department once the Department Chair receives this report. Reports can be filled out directly on the computer and either email to PaternosAL@aol.com or faxed to 516-308-7020.

District Number: _____ Date of Contest: _____ Number of Contestants: _____
Location of Contest: _____
City: _____

First Place Winner

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

<i>For Office Use Only:</i>	\$ _____	Check #:
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Second Place Winner

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

<i>For Office Use Only:</i>	\$ _____	Check #:
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Third Place Winner

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

<i>For Office Use Only:</i>	\$	Check #:
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Fourth Place Winner

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

<i>For Office Use Only:</i>	\$	Check #:
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Fifth Place Winner

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

<i>For Office Use Only:</i>	\$	Check #:
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Sixth Place Winner

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

<i>For Office Use Only:</i>	\$	Check #:
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