CERTIFICATE-DELEGATE-ALTERNATE

DO NOT WRITE IN THIS SPACE		
POST NO. _____		
	Entitled	Registered
DEL.	_____	_____
ALT.	_____	_____

ONE HUNDRED & FIRST ANNUAL CONVENTION

THE AMERICAN LEGION, DEPARTMENT OF CONNECTICUT
ROCKY HILL, CONNECTICUT –JULY 12,13 & 14 2019

The American Legion, Department of Connecticut- Harry R Hansen Jr. - DEPARTMENT ADJUTANT
This is to certify that _____ Post No._____ has elected the following delegates and alternates to represent it at the Ninety-Eighth Annual Department Convention of The American Legion, Department of Connecticut.

DELEGATES	**ADDRESS**	**CITY**	**REGISTRATION FEE $5.00**
Chairman:			
1.			
2.			
3.			
4.			
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11.			
12.			

ALTERNATES	**ADDRESS**	**CITY**	**REGISTRATION FEE $5.00**
Chairman:			
1.			
2.			
3.			
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12.			

Delegates Registered: #_____ Alternates Registered: #_____ Total Registered: #_____
Check enclosed for $5.00 per Delegate and Alternate as listed above Total Enclosed: $_____

DATE_____ TOWN_____ POST NO_____

Contact Information:_____
Name, phone number & e-mail address (if there is a question or problem this person will be contacted)

_____ _____
Post Adjutant Post Commander

This form has been prepared and distributed for your convenience. This is the ONLY form that will be accepted. Any variations or changes to this form without the expressed written consent of The Department Adjutant is *strictly* forbidden.