## **CERTIFICATE-DELEGATE-ALTERNATE**

DO NOT WRITE IN THIS SPACE				
SQU	ADRON NO.			
	Entitled	Registered		
DEL.	-			
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## FIFTIETH ANNUAL CONVENTION

THE AMERICAN LEGION, DETACHMENT OF CONNECTICUT CROMWELL, CONNECTICUT JULY 15, 2023

The American Legion, Department of C						
This is to certify that						
alternates to represent it at the Fourty-N	Iinth Annual Detachment Conve	ention of The American	Legion, Detachment of			
Connecticut.						
DELEGATES	ADDRESS	CITY	REGISTRATION FEE \$5.00			
Chairman:						
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ALTERNATES	ADDRESS	CITY	<b>REGISTRATION FEE \$5.00</b>			
Chairman:						
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Delegates Registered: #		l: #	Total Registered: #			
Check enclosed for \$5.00 per Delegate		Total Enclosed: \$				
DATE	TOWN		SQUAD NO			
Contact Information:  Name, phone number & e-mail address (if there is a question or problem this person will be contacted)						
Name, phone number & e-mail address (if there is a question or problem this person will be contacted)						
Squadron Adjutant			Squadron Commander			