

CERTIFICATE-DELEGATE-ALTERNATE

DO NOT WRITE IN THIS SPACE

POST NO. _____
Entitled _____ Registered _____
DEL. _____
ALT. _____

ONE HUNDRED & SEVENTH ANNUAL CONVENTION

THE AMERICAN LEGION, DEPARTMENT OF CONNECTICUT
CROMWELL, CONNECTICUT JULY 10, 11 & 12, 2026

The American Legion, Department of Connecticut- Michael Wright - DEPARTMENT ADJUTANT

This is to certify that _____ Post No. _____ has elected the following delegates and alternates to represent it at the One Hundred & Seventh Annual Department Convention of The American Legion, Department of Connecticut.

DELEGATES	ADDRESS	CITY	REGISTRATION FEE \$5.00
Chairman:			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

ALTERNATES	ADDRESS	CITY	REGISTRATION FEE \$5.00
Chairman:			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
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