

**2018 - 2019 Dept of NJ American Legion Coloring Contest
Honoring 100 Years of Service**

PLEASE PRINT. (Post and County: Please verify that all the information below is completed below.)

Student's Name: _____ Age: _____
Grade in School: _____ Teacher's Name: _____
Name of School: _____
School Address: _____
School Phone#: _____ Contact Person: _____

Attn Schools: This must be submitted back to your Post representative. Do not mail to the Dept of NJ Office.

Post #: _____ Post Address: _____
Post Contact Person: _____ Phone#: _____

**** County Americanism Chairman or County Commander: For your first place winner to be entered in the Dept. judging event your signature is required below. Only one entry can be submitted from your county. This form represents your Cover Sheet for this submission.**

_____ Date _____ County _____ County Americanism Chairman (Or County Commander)

***** If you have permission to submit the home address of your first place winner, please include that below. Otherwise the school will be contacted to send the first place Dept. coloring contest winner an invite to convention to accept their award.**