



DEPARTMENT OF MAINE POST NARRATIVE SUBMISSION FORM

A. POST NAME AND NUMBER:

B. VOLUMES: This entry has one (1) volume () Two (2) volumes () for the Post Narrative History Contest.

C. POST SIZE: Small 1-100 () Medium 101-200 () Large 200+ ()

D. STREET ADDRESS:

E. CITY: STATE: Maine ZIP CODE:

F. NAME OF POST HISTORIAN (FULL):

G. STREET ADDRESS:

H. CITY: STATE: ZIP CODE:

I. TEL:

J. NAME OF WRITER/COMPILER IF DIFFERENT FROM HISTORIAN:

K. STREET ADDRESS:

L. CITY: STATE: ZIP CODE:

M. TEL:

DEPARTMENT CERTIFICATION

THE DEPARTMENT OF _____ CERTIFIES THAT THIS YEARBOOK IS AN ENTRY FOR THE CONTEST BEING CONDUCTED BY THE NATIONAL HISTORIAN THIS YEAR AT NATIONAL HEADQUARTERS.

DEPARTMENT HISTORIAN _____

DATE CERTIFIED: _____

NO YEARBOOK WILL BE CONSIDERED BY THE CONTEST JUDGES UNLESS THE ENTRY IS ACCOMPANIED BY THIS CONTEST CERTIFICATION FORM AND COMPLETED. **A BOOK ENTERED IN THE WRONG CATEGORY WILL BE DISQUALIFIED.** THE DEADLINE FOR SUBMISSION TO THE DEPARTMENT OF MAINE IS MAY 1. (NOTE: THIS SENTENCE WAS RE-WRITTEN)

NATIONAL HISTORIAN
NATIONAL HEADQUARTERS
THE AMERICAN LEGION
700 PENNSYLVANIA STREET
INDIANAPOLIS, INDIANA 46204

ENTRY NUMBER: PY- _____

TELEPHONE: 317 630-1354/FAX: 317 630-1241/email: library@legion.org (NATIONAL HISTORIAN USE ONLY)