

The Maynard Pietryka Department of Vermont
Color Guard Award Nomination Form

2016/2017
REPORT YEAR

Posts must forward this evaluation along with any supporting documentation to the Department of Vermont – American Legion no later than April 20, 2017

Post Name: _____

Post Number: _____ District: _____ Total Post Membership: _____

How many Color Guard Members: Legion _____ Sons _____ Auxiliary _____

Total Members in Color Guard: _____

Parades:

Memorial Day # of parades: _____ # of Legionnaires: _____

Veterans Day # of parades: _____ # of Legionnaires: _____

Independence Day # of parades: _____ # of Legionnaires: _____

Other # of parades: _____ # of Legionnaires: _____

Other parade participation – (please explain) _____

School Programs/Presentations

Memorial Day # of activities: _____ # of Legionnaires: _____

Veterans Day # of activities: _____ # of Legionnaires: _____

Independence Day # of activities: _____ # of Legionnaires: _____

Other # of activities: _____ # of Legionnaires: _____

Other programs/presentations (please explain) _____

Community Programs/Presentations

Memorial Day # of activities: _____ # of Legionnaires: _____

Veterans Day # of activities: _____ # of Legionnaires: _____

Independence Day # of activities: _____ # of Legionnaires: _____

Other # of activities: _____ # of Legionnaires: _____

Other programs/presentations (please explain) _____

Funerals/Interments

Interments # of: _____ # of Legionnaires: _____

Memorial Services # of: _____ # of Legionnaires: _____

Funerals # of: _____ # of Legionnaires: _____

