

The Maynard Pietryka Department of Vermont
Color Guard Award Nomination Form

2018
REPORT YEAR

Posts must forward this evaluation along with any supporting documentation to the Department of Vermont – American Legion no later than April 20, 2019

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:

Provide additional information regarding your color guard, attach newspaper/magazine articles, pictures etc.

By signing below I agree that the information included on this report is correct to the best of my knowledge.

Post Adjutant

Date

Post Commander

Date