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:

<table>
<thead>
<tr>
<th>Parade</th>
<th># of parades</th>
<th># of Legionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorial Day</td>
<td>____________</td>
<td>________________</td>
</tr>
<tr>
<td>Veterans Day</td>
<td>____________</td>
<td>________________</td>
</tr>
<tr>
<td>Independence Day</td>
<td>__________</td>
<td>______________</td>
</tr>
<tr>
<td>Other</td>
<td>____________</td>
<td>________________</td>
</tr>
</tbody>
</table>

Other parade participation – (please explain)

________________________________________
________________________________________
________________________________________

Color_Guard_Evaluation_1-15-19
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.

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Post Adjutant</th>
<th>Date</th>
<th>Post Commander</th>
<th>Date</th>
</tr>
</thead>
</table>

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