

The Maynard Pietryka Department of Vermont  
Color Guard Award Nomination Form

**Posts must forward this evaluation along with any supporting documentation to the Department of Vermont – American Legion no later than April 20, 2021**

**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**