



Request for Information Massachusetts High School Oratorical Contest

Name: _____

Street Address:		_
City:	Zip Code:	_
Email:	Telephone:	_
High School:		_
Grade:		_
Post Sponsor (not nec	essary):	_
Please submit to <u>dept</u>	adjutant@masslegion.org	
Or by mail to:		
The American Legion 24 Beacon Street Stat Boston, MA 02133	Department of Massachusetts e House RM 546-2	
If you have questions	please call 617-727-2966 Ask for Departme	ent Adjutant Lisa McPhee.
How did you hear abo	ut our Program?	