

**Maryland District # Post #**

**Contest (circle one) Buddy Poppy Loyalty Day**

**Date of Post-level Contest**

**Full Name**

**Home Address**

**Home Phone**

**Preferred email address**

**School Name**

**School Address**

**Date of Birth**

**(participant must be less than 18 years old on 15 January 2022)**

**Signature of Participant**

**Parent/Guardian Printed Name and Signature**

**(of adult authorizing participation and certifying age)**

**If participant is the Post 1st place winner of the contest and advances to the District-level, Post Official will circle position (Commander/Buddy Poppy Chairman/Loyalty Day Chairman/Other- specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_); print name and sign below.**

**Post Official Printed name and Signature \_\_**

**Please bring this form to the District-level contest.**

**If participant is the District 1st place winner of the contest and advances to the Department-level, District Official will circle position (Commander/Buddy Poppy Chairman/Loyalty Day Chairman/Other- specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_); print name and sign below.**

**District: Printed Name and Signature**

**District Chairman will email this completed form to** [**christine.c.sandoval@gmail.com**](mailto:christine.c.sandoval@gmail.com) **prior to the Department contest.**