



# ***Post Packet***

# ***2017***

*Revised 8 Jan 2017*

## ***Mid-Winter Conference***

## ***Rochester, New Hampshire***

Prepared for:

**The 50<sup>th</sup> Mid-Winter Conference**

By:

**Department Headquarters**

**January 28, 2017**



# Attention:

Please remember to staple a copy of your

*Consolidated Post Report (CPR)*

to *each* of the reports or narratives you submit to be judged for the Department Awards in this booklet.

**Per the Americanism Committee any reports without a CPR will not be judged.**

**Your Post does something: Fill out the reports and let us know about it!!**



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To: Post Adjutants  
From: Department Adjutant

Subject: Direct Renewal Notices for 2018

Each year, as more and more Posts become acquainted with Direct Billing, there has been enthusiastic support for the program. Direct Billing does not do the entire job, however, it will generate a 50-75% return early in the membership year. You must figure that mop-up operations will still be needed to bring in the stragglers.

The program costs the post absolutely nothing. National Headquarters pays the postage on both the 1st and 2nd notices.

Those Posts desiring to participate in the Direct Billing Program for 2017 should complete the below form and return it along with the Billing Change Form **NO LATER THAT APRIL 1ST**

The Billing change form is designed to report those members the Post does **NOT** wish to be billed, such as Life Members or other members for which the Post pays dues. If such members have been previously reported, **DO NOT** include them on this form. Please ensure the correct Post mailing address is given in the space provided. **DO NOT USE THE ADDRESS OF AN INDIVIDUAL POST OFFICER.**

The annual per capita dues to be sent to Department is **\$26.50**, therefore, Posts must notify the Department Adjutant if there are any dues changes anticipated for the Post during the 2018 membership year.

**FAILURE OF A POST TO NOTIFY THE DEPARTMENT OF A CHANGE IN DUES OR ADDRESS WILL RESULT IN THE 2018 DUES NOTICES REFLECTING THE SAME INFORMATION AS LAST YEAR.**

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TO: **THE AMERICAN LEGION  
DEPARTMENT OF NEW HAMPSHIRE  
121 South Fruit St Suite 103  
Concord NH 03301**

Post address: \_\_\_\_\_

American Legion Post # \_\_\_\_\_ Notices Desired: \_\_\_\_\_

1<sup>st</sup> NOTICE July 1st 2<sup>nd</sup> NOTICE Oct. 1st

Post Phone Number : \_\_\_\_\_ 2017 Dues are: \$ \_\_\_\_\_

**MAIL BY APRIL 1<sup>ST</sup>**





# DIRECT CHANGE FORM

Please notify National Headquarters that Direct Billing Notices should not be printed or mailed to the following members of this Post. (this list **DOES NOT** include deceased, transfers, changes of address, delinquent members or those previously reported.)

Please make copies if more sheets are needed.

**NAME**                      **ADDRESS** (to include CITY/STATE/ZIP)                      **CARD #**

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Signed \_\_\_\_\_

Post # \_\_\_\_\_

**MAIL BY APRIL 1ST**



**THE AMERICAN LEGION  
DEPARTMENT OF NEW HAMPSHIRE**  
121 South Fruit St Suite 103  
Concord NH 03301  
603-856-8951 Fax 603-856-8943

TO: **Department Headquarters &  
National Headquarters**

Date:

FROM: Post Name \_\_\_\_\_  
Post No. \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip +4 \_\_\_\_\_

This form is to notify Department and National of any Members that were voted by your Post to a Life or Honorary Life Membership

Member Name \_\_\_\_\_

Member ID# \_\_\_\_\_

The above member was voted to be a \_\_\_\_\_ member of  
(Life or Honorary Life)

Post \_\_\_\_\_ at Post Meeting on  
(Name & Number)

\_\_\_\_\_  
(Day and Date)

Attest:

\_\_\_\_\_  
(Signed Post Adjutant)

\_\_\_\_\_  
(Signed Post Commander)

Accepting for Department:

\_\_\_\_\_  
(Signed Department Adjutant)



## ***Convention Registration Procedure***

Registration will be accomplished by the use of two (2) registration lines separated into **odd** and **even** posts. It is requested that those registered delegates need only proceed to the Convention Hall and locate their Delegation Chairman to receive convention packets. The Convention Hall will be sectioned off by Districts, thus making the location of one's delegation easier.

1. After Post Delegates and Alternates are elected, Post Adjutants will make out a copy of the Delegate Registration Form and forward to Department Headquarters by May 1<sup>st</sup> with the necessary fee of \$10.00 per delegate. Remittance of the \$10.00 fee for Alternates, in advance, is optional. **NO CREDENTIALS WILL BE SENT BACK TO THE POSTS.** Fees must accompany the Delegate Registration Form.
2. On the Delegate Registration Form, Post Adjutants will please indicate any preference for committee assignment in the space to the left of the delegate's name. Preference will be allocated wherever possible on a first come first serve basis, keeping in mind an equitable balance among all committees.  
Committees are: Children and Youth, Constitution and Bylaws, Credentials, Internal Affairs, Rules, Resolutions, Trophies and Awards, Uniformed Groups, and Veterans Affairs.
3. Each Post will select one person as Delegation Chairman. This is preferably someone who will be in attendance early the first day of the Department Convention for registration. It is suggested that a Vice Chairman also be selected to serve in the event the Chairman is absent. If the Delegation Chairman is unable to serve, his replacement will present a WRITTEN NOTICE of such inability, SIGNED by the Post Commander or Adjutant, to the registration desk at Convention Headquarters.
4. The Delegation Chairman will be responsible for the registration of all elected delegates from her/his Post. DELEGATE PACKETS WILL NOT BE ISSUED TO ANYONE BUT THE DELEGATION CHAIRMAN, AND THEN ONLY AFTER THE FEES HAVE BEEN PAID. ANY EXCEPTIONS WILL BE AT THE DISCRETION OF THE DEPARTMENT ADJUTANT.
5. Each Post Delegate will receive her/his credentials, packet and committee assignment from her/his Delegation Chairman.
6. **In the event that a REGISTERED Alternate is substituted for a missing delegate, There will be NO refund of the registration fee. Only names designated as Alternates can be used to substitute for Delegates. If a Post does not have any designated Alternates they can not put another person in as a replacement.**
7. A Delegation Chairman wishing to make substitutions on their Delegate Registration Form may do so by notifying the registration desk BEFORE 11:00am on Saturday. After that time NO substitutions will be allowed.
8. Persons desiring to have their names placed on the ballot for election as Delegates to the National Convention, must register at the registration desk IN PERSON BEFORE NOON ON FRIDAY, or submit a request for their name to appear at least TEN DAYS PRIOR TO OPENING OF THE DEPARTMENT CONVENTION.



# 2017 Department Convention Delegate and Alternate Form (1 of 3 pages)

To: Daniel Yoder  
121 South Fruit St. Suite 103  
Concord NH 03301

Date: \_\_\_\_\_

**All Voting members of your delegation MUST HAVE THEIR CURRENT MEMBERSHIP CARD WITH THEM TO VOTE.**

At a meeting of this Post, held \_\_\_\_\_, the members named below, are in good standing in this Post and whose 2017 dues has been transmitted to Department Headquarters, were duly elected Delegates and Alternates, respectively, as our representatives to the 2017 Department Convention to be held in Lincoln, NH.

Vice Chairman of the Post Delegation is: \_\_\_\_\_

Card no. \_\_\_\_\_

Location: \_\_\_\_\_ Post Name: \_\_\_\_\_ Post No. \_\_\_\_\_

\_\_\_\_\_  
(Signature of Post Commander or Adjutant)

**\*\*\*\*\* ONLY CHAIRMAN OR VICE CHAIRMAN CAN SIGN FOR PACKETS \*\*\*\*\***

Delegate, alternate and delegate-at-large fee of \$10.00 each to be paid to Department Headquarters prior to the convention, (alternates optional)

Payable by May 1, 2017 to:

**The American Legion Department of New Hampshire**

## 2017 Department Convention Delegate and Alternate Form (2 of 3 pages)

**NOTE: For Committee preference, use the following numbers.**

1. Rules      3. Internal Affairs      5. Resolutions      7. Veterans Affairs      9. Uniformed Group  
2. Credentials      4. Trophy & Awards      6. Const. & By-Laws      8. Children & Youth

**Committee Delegate Name & 2017 Card #      Alternate Name & 2017 Card #**

_____	1. _____	1. _____
_____	2. _____	2. _____
_____	3. _____	3. _____
_____	4. _____	4. _____
_____	5. _____	5. _____
_____	6. _____	6. _____
_____	7. _____	7. _____
_____	8. _____	8. _____
_____	9. _____	9. _____
_____	10. _____	10. _____
_____	11. _____	11. _____
_____	12. _____	12. _____
_____	13. _____	13. _____
_____	14. _____	14. _____



**2017 Department Convention Delegate and Alternate Form (3 of 3 pages)**

**Delegates-at-Large Name & 2017 Card #** (See Sec. 2 of Art. 5 Department Constitutions)

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

**FOR DEPARTMENT USE ONLY:**

Post **2016** membership \_\_\_\_\_ Date registration fees paid \_\_\_\_\_

Registration fees paid \$ \_\_\_\_\_

Number of delegates \_\_\_\_\_

I received # \_\_\_\_\_ delegate packets

\_\_\_\_\_  
(Post Delegation Chairman - Print and signature)

**THIS FORM MUST BE RECEIVED AT DEPARTMENT HEADQUARTERS NO LATER THAN MAY 1, 2017,**  
so your delegates may be given Convention Committee assignment.

**KEEP A COPY FOR YOUR RECORDS**

**Any Delegates NOT signed up by MAY 1, 2017 will not be allowed to vote at Convention**



# Delegate Strength Chart

To: **POST ADJUTANTS**

Since Delegate strength to the Department Convention for each Post is determined by Post membership, the following chart is offered as a guide for computing your Delegate Strength. If, by the closing of business, 30 days prior to the opening of Department Convention, your Post has turned into Department Headquarters:

<b>Members:</b>	<b><u>Entitled to elect</u></b> <b><u>Delegates</u></b>	<b><u>Alternates</u></b>
LESS THAN 15	0	0
15-99	2	2
100-150	3	3
151-250	4	4
251-350	5	5
351-450	6	6
451-550	7	7
551-650	8	8
651-750	9	9
751-850	10	10
851-950	11	11
951-1050	12	12
1051-1150	13	13
1151-1250	14	14
1251-1350	15	15
1351-1450	16	16

In addition to elected Delegates, your Post may be entitled to Delegates-at-large. If a member of your Post is in one of the following categories, then he\she is a Delegate-at-large: Past National Commanders, Past Department Commanders, National Executive Committeeman, Alternate National Executive Committeeman. present Department Officers (Commander, Vice Commanders, Adjutant, Treasurer, Historian, Judge Advocate, Auditor, Sergeant-at-Arms, Chaplain, Assistant Chaplain, Service Officer, Assistant Service Officer, Parliamentarian, District Commanders and District Senior Vice Commanders).

If there is any doubt as to the number of delegates to which your Post is entitled to, please contact Department Headquarters before submitting your list.

Sincerely,  
**Daniel Yoder**  
**Department Adjutant**



# Department Convention Delegate Changes

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

TO: **Department Adjutant**

FROM: **Post Commander or Post Adjutant or Delegate Chairmen**

NAME: \_\_\_\_\_

PLEASE ALLOW ALTERNATE DELEGATE

(Name) \_\_\_\_\_

Membership ID # \_\_\_\_\_

AS A SUBSTITUTE FOR DELEGATE

(Name) \_\_\_\_\_

Membership ID # \_\_\_\_\_

As the duly authorized representative from Post # \_\_\_\_\_

\_\_\_\_\_  
(signature)

Received by Department Adjutant (time & date) \_\_\_\_\_

\_\_\_\_\_  
(signature)

**There will be NO CHANGES after the Forms go to the CREDENTIALS COMMITTEE!**

**\*\* PLEASE BRING THIS FORM TO CONVENTION**





**THE AMERICAN LEGION  
DEPARTMENT OF NEW HAMPSHIRE  
Post Officers Report (1 of 4 pages)**

**Year 2017-2018**

**Post Name:**

\_\_\_\_\_ **Post #** \_\_\_\_\_

**Address (to include City/Town/Zip+4):**

\_\_\_\_\_

**Mailing address (if different) (to include City/Town/Zip+4):**

\_\_\_\_\_

**Post phone:** \_\_\_\_\_ **District #** \_\_\_\_\_

**\*\*Post Meeting Date(s):** \_\_\_\_\_ **Time:** \_\_\_\_\_

*\*Do not list dates of your Executive Board*

**Post E-Mail Address:** \_\_\_\_\_

**Post Website (if any):** \_\_\_\_\_

***PLEASE PRINT***

***PLEASE PRINT***

***PLEASE PRINT***

**Name**

**Address (include Zip Code+ 4)**

**Personal E-mail and Telephone #**

**Commander** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1<sup>st</sup> Vice Commander** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Post Officers Report (continued 2 of 4)  
Year 2017-2018**

**2<sup>nd</sup> Vice Commander** \_\_\_\_\_

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**Adjutant** \_\_\_\_\_

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**Finance Officer** \_\_\_\_\_

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**Chaplain** \_\_\_\_\_

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**Judge Advocate** \_\_\_\_\_

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**Historian** \_\_\_\_\_

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**Service Officer** \_\_\_\_\_

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# Post Officers Report (continued 3 of 4) Year 2017-2018

Sergeant At Arms \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Certification of Service Record of American Legion Post Officers to Department Adjutant

Pursuant to action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected or appointed to serve Post # \_\_\_\_\_ Department of New Hampshire for the ensuing year.

I hereby certify that each of the above officials are eligible for membership in The American Legion and has the consequent right to serve in an official capacity.

Post Adjutant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Title Name** \_\_\_\_\_ **Address (include Zip Code+ 4)** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**SAL Advisor**

\_\_\_\_\_  
\_\_\_\_\_

**Legion Baseball**

\_\_\_\_\_  
\_\_\_\_\_

**Boy Scouts**

\_\_\_\_\_  
\_\_\_\_\_

**Boys State**

\_\_\_\_\_  
\_\_\_\_\_

**Children & Youth**

\_\_\_\_\_  
\_\_\_\_\_

**Community Service**

\_\_\_\_\_  
\_\_\_\_\_

**Graves Registration**

\_\_\_\_\_  
\_\_\_\_\_

# Post Officers Report (continued 4 of 4) Year 2017-2018

Membership \_\_\_\_\_  
\_\_\_\_\_

Oratorical \_\_\_\_\_  
\_\_\_\_\_

Jr. Oratorical \_\_\_\_\_  
\_\_\_\_\_

It is imperative that this listing be completed and given to the District Commander **immediately** after installation, since Department Rosters and mailing lists are compiled from this information.

## **Numbers 1 through 7 below to be completed by the Post and validated by the District Commander.**

1. Give date of last audit of the Post financial records \_\_\_\_\_

2. Is the Post Finance Officer bonded? Yes  No

3. Is the Post Adjutant bonded? Yes  No

4. Name of Surety Company and address \_\_\_\_\_  
\_\_\_\_\_

5. Bond Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_

6. Is the Post incorporated under New Hampshire Law? Yes  No

7. Give latest date of incorporation with the State of New Hampshire: (not the date of your Post American Legion Charter) \_\_\_\_\_

District Commander: \_\_\_\_\_

(Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

NOTE: By action of the 1961 Department Convention any expense monies due District Commanders for travel within their respective Districts will be withheld until reports have been received at Department Headquarters for each Post with in their Districts.



# Sons of the American Legion Detachment of New Hampshire SQUADRON OFFICERS REPORT 2017-2018

Squadron Name \_\_\_\_\_ Number \_\_\_\_\_

Mailing Address (to include City/State/Zip)

\_\_\_\_\_

Post Phone# \_\_\_\_\_ District# \_\_\_\_\_

Squadron Meeting Dates \_\_\_\_\_ Time \_\_\_\_\_

Commander: \_\_\_\_\_ ID# \_\_\_\_\_

Address (include City/State/Zip) \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

First Vice Commander: \_\_\_\_\_

Address (include City/State/Zip) \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Second Vice Commander: \_\_\_\_\_

Address (include City/State/Zip) \_\_\_\_\_

Email \_\_\_\_\_

Adjutant: \_\_\_\_\_ ID# \_\_\_\_\_

Address (include City/State/Zip) \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Finance Officer: \_\_\_\_\_

Address (include City/State/Zip) \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Chaplain:** \_\_\_\_\_

Address (include City/State/Zip) \_\_\_\_\_

**Historian:** \_\_\_\_\_

Address (include City/State/Zip) \_\_\_\_\_

**Sgt@Arms:** \_\_\_\_\_

Address (include City/State/Zip) \_\_\_\_\_

**Squadron Advisor:** \_\_\_\_\_

Address (include City/State/Zip) \_\_\_\_\_

Date \_\_\_\_\_ Squadron Adjutant Signature \_\_\_\_\_

Installing Officer \_\_\_\_\_ Title \_\_\_\_\_

**It is imperative that this listing be completed and forwarded to Detachment Headquarters. The roster and mailing lists are compiled from this information. Your promptness will be appreciated.**

\*\*If the list is missing information, it will need returned to be completed.

# 2017 CONVENTION MEMORIAL SERVICE

POST # \_\_\_\_\_

NAME	DATE DECEASED	NAME	DATE DECEASED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

**Please Return To Department Headquarters No Later Than 25 April 2017.**

NAMES WILL ***NOT BE*** TAKEN THE MORNING OF THE MEMORIAL SERVICE  
THANK YOU FOR YOUR COOPERATION.



# Department Committee Volunteer

Yes, I am very interested in serving on a Department Committee for the year 2017-2018.

**Please print**

**Please print**

**Please print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Post # \_\_\_\_\_

## **COMMITTEE CHOICES**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_





# POST AMERICANISM NARRATIVE REPORT FORM

(Instructions on Reverse Side)

**PLEASE PRINT**

**PLEASE PRINT**

**PLEASE PRINT**

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_ District No. \_\_\_\_\_

Location \_\_\_\_\_ Present Membership \_\_\_\_\_

Title & Name Making Report \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**(A) Post must file a Consolidated Post Report Form and a copy must be with this Report**

**(B)** Estimate the number of volunteer service hours provided by the membership of your Post for the Americanism work in your community \_\_\_\_\_ Hours.

**(C)** Please estimate the amount of money your Post expended for administrative expense for Americanism work overhead. (Postage, printing, conferences, travel, salary, etc.)  
\$ \_\_\_\_\_

**(D) REPORTING: 12 MONTHS APRIL 15-APRIL 15**

**(E)** Use the remaining space on this sheet to describe, in some detail, a specific Americanism activity promoted by your Post. (Please attach extra sheets if necessary.) **REMEMBER:** This section of the narrative report is most important to your Department Americanism Committee in determining various awards.

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**(F)** Describe any other Americanism programs supported by your Post in narrative form (Example: your own programs.)

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**MAIL TO HQ NLT April 2017 to the below address ATTN: Americanism Committee**

# POST AMERICANISM NARRATIVE REPORT FORM

## INSTRUCTIONS

TO: POST AMERICANISM CHAIRMAN:

1. Before completing this form, be sure your section of the Consolidated Report Form is completed.
2. Fill out this Narrative Report Form.
3. This Narrative Report Form is ***NOT*** to be attached to the Consolidated Post Report, it is intended for the use of the Department Americanism Chairman in determining Post Americanism awards and for substantiating to National Headquarters that the Department has attained 100% Americanism Post narrative reporting.
4. In order to make your total report more effective, it is recommended that you appropriate copies of this form and maintain one in your file, mail one to the District and also mail one to the Department Americanism Chairman. It is necessary that District receive copy of this report since District awards are also made based on Post Americanism Reporting

## JUDGING

The Department Americanism Committee judges each report on the following scale:

Consolidate report	1 to 10 Points
Clarity of report	1 to 10 Points
Community awareness	1 to 10 Points
Originality	1 to 35 Points
Value to community	1 to 40 Points

## AWARDS

To be awarded to that Post, **within each District**, submitting the best overall Americanism report to the Department Americanism Committee and each award to be a form of plaque.

**NO LATER THAN APRIL 15**

Americanism Resolution adopted by the Department Executive Committee March 8, 1990  
Accepted by the Executive Board Action November 7, 1991

**THE AMERICAN LEGION - Department of New Hampshire**  
**121 South Fruit St Suite 103 Concord NH 03301**

603-856-8951 Fax 603-856-8943



# THOMAS J. MC LIN POST AMERICANISM TROPHY

**Source:** James M. McLin, son, member Somersworth Squadron No. 69  
**Authority:** Trophies and Awards resolution #8, Department Convention 1983  
**Conditions:** One trophy provided by James M. McLin to be held by winning Post for a period of one year.

1. This award shall be presented annually to the Post with the best overall AMERICANISM NARRATIVE Report form.
2. The award shall be presented at the Department Convention.

**MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN APRIL 15**

Accepted by the Executive Board Action on November 7, 1991



# POST CHILDREN AND YOUTH REPORT (1 of 2 pages)

Department of NH American Legion Children and Youth Award

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_ District No. \_\_\_\_\_

Location \_\_\_\_\_ Present Membership \_\_\_\_\_

Title & Name Making Report \_\_\_\_\_

Address \_\_\_\_\_

Do you have a Post Home?            Yes            No

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Post MUST file a Consolidated Post Report Form to Department Headquarters  
INCLUDE ALL PROGRAMS THAT HAVE TO DO WITH CHILDREN AND YOUTH!**

	Post Expense	Service Hours	# Youth Served	Used Post Home
<b>1) Children Youth Safety Programs</b>				
To include Missing Children; Suicide Prevention; Drug & Alcohol; Child Abuse Programs; McGruff Child Safety; Firearms Safety and Health Programs	\$ _____	_____ _____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2) Temporary Financial Assistance to Children &amp; TAL Child Welfare Foundation Incorporated</b>				
	\$ _____	_____ _____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3) Donation to Sports Programs</b>				
Post sponsored (other than AL Baseball)	\$ _____	_____ _____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other than American Legion sponsored	\$ _____	_____ _____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>OVER</u></b>				

# POST CHILDREN AND YOUTH REPORT (2 of 2 pages)

Department of NH American Legion Children and Youth Award

	Post Expense	Service Hours	# Youth Served	Used Post Home
<b>4) April Children and Youth Month</b>				
Department project	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
District project	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Post project	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5) Community Children Projects</b>				
Legion sponsored	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other than American Legion sponsored	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>6) Other C/Y events not mentioned</b>				
_____	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Totals</b> \$ _____				

## FUND RAISING EVENTS FOR CHILDREN AND YOUTH PROGRAMS

Event Name	Funds Raised	Service Hours	Used Post Home
	\$ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Totals</b> \$ _____			

\*\*\*\*\* Submit a copy of this report to your District Children & Youth Officer, as District awards are given out based on your Post Children & Youth reporting.

**MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN APRIL 15**

Accepted by the Department Executive Committee November 12, 2003

# BLOOD DONOR REPORT

1. Post Number and Name \_\_\_\_\_

2. Post Location \_\_\_\_\_

3. Number of Pints of Blood donated by members of the Post during period  
APRIL 15 2016 to APRIL 15, 2017 as certified by the **American Red Cross** \_\_\_\_\_

4. Approximate number of Post members participation in Blood Donations \_\_\_\_\_

5. Did your Post participate in The American Legion Holiday Blood Drive  
last year? \_\_\_\_\_

6. Does your Post donate the facilities of the Post for the use of the Red Cross  
Bloodmobile? \_\_\_\_\_

**Post must file a Consolidated Post Report and a copy must be attached to this report.**

\_\_\_\_\_  
(Post Adjutant)

\_\_\_\_\_  
(Post Number)

**MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN APRIL 15**

Accepted by the Department Executive Board Action November 7, 1991





# COMMUNITY SERVICE REPORT (1 of 2 pages)

IT IS REQUIRED THAT A COPY OF YOUR CONSOLIDATED REPORT (CPR) BE INCLUDED WITH THIS REPORT AND IF NOT RECEIVED WITH THE REPORT THERE WILL BE A DEDUCTION FROM YOUR GRAND TOTAL OF 75 POINTS. IT WOULD BE ADVISABLE TO INCLUDE A NARRATION WITH THIS REPORT

Post No. \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

	MAX ALLOWED	CREDIT
<b>A. COMMUNITY SERVICE ACTIVITIES</b>		
1. Active part in Youth Sporting Programs	20	_____
2. Adoption or support of Scouting Program	20	_____
3. Active part in local law enforcement education & safety	20	_____
4. Active in Adult Sporting Programs	20	_____
5. Sponsored local high school Oratorical contest	30	_____
6. Conducted campaign of Flag Education	30	_____
7. Presented American Legion School Award Medal	15	_____
8. Post work with Educational Agencies	15	_____
9. Sponsored Youth to Boys & Girls State (15 points each for boy & girl sponsored)	15 each	_____

## COMMUNITY SERVICE REPORT (2 of 2 pages)

10. Organized for response for community disaster	50	_____
11. Acknowledged support of community fund drives (United Way, Community Chest, Red Cross, etc.)	50	_____
12. Conducted program for Memorial Day, Veterans Day, Independence Day, Flag Day	20 each	_____
13. Firing Squad for military funerals	10	_____
14. Holiday Activities (toys to needy children, food baskets to needy families, etc.)	20	_____
15. Participated in Naturalization proceedings in courts	30	_____

### B. COOPERATION IN DEPARTMENT AND NATIONAL LEGION AFFAIRS

1. Active support of Department Commanders project	20	_____
2. Active support of National Legislative program	20	_____
	GRAND TOTAL	_____

We hereby certify that the above entries are correct.

\_\_\_\_\_  
(Post Adjutant)

\_\_\_\_\_  
(Post Commander)

**MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN APRIL 15**

# COMMUNITY SERVICE AWARD NO. 1

**Source:** Department Trophies and Awards Committee  
**Authority:** Trophies & Awards Resolution #3, Department Convention 1932.  
Trophies & Awards Resolution #1, Department Convention 1954.  
**Conditions:** A Trophy and Certification of Award to be presented to the winning Post.  
The Trophy to be inscribed as follows: "Department Community Service Award given for Excellence in the Community Service Work of The American Legion".

## Criteria:

1. Awarded annually to that Post which shall excel in the Community service work of The American Legion in this Department.
2. Award based on the Annual Community Service Activity Report. Post scoring the highest number of points will be declared the winner.
3. Report is to cover activities of the year between 1 APRIL to 1 APRIL.
4. Awarded annually to that Post of **400 Members or more**.
5. Post must file a Consolidated Post Report Form and a copy must be with this Report.

## Presentation:

Awards shall be presented at the Department Convention each year.

**MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN APRIL 15**

Accepted by the Department Executive Committee Action November 7, 1991.



# **OSCAR P. COLE DEPARTMENT COMMUNITY SERVICE AWARD NO. 2 DEPARTMENT COMMUNITY SERVICE AWARD NO. 2**

**Source:** Past Department Commanders  
**Authority:** Trophies and Awards Committee, Department Convention 1942,  
Department Convention 1954  
**Conditions:** One Trophy and Certificate of Award to the winning Post. The trophy to be inscribed as follows: "Colonel Oscar P. Cole Memorial Trophy Awarded for Excellence in Community Service".

## **Criteria:**

1. Awarded annually to that Post which shall excel in the Community service work of The American Legion in this Department.
2. Award based on the Annual Community Service Activity Report. Post scoring the highest number of points will be declared the winner.
3. Report is to cover activities of the year between 1 APRIL to 1 APRIL.
4. Awarded annually to that Post of **400 Members or less**.
5. Post must file a Consolidated Post Report Form and a copy must be with this Report.

## **Presentation:**

Awards shall be presented at the Department Convention each year.

**MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN APRIL 15**

Accepted by the Department Executive Committee Action November 7, 1991.



# DEPARTMENT SERVICE TROPHY

- Source:** Department of New Hampshire
- Authority:** Department Convention 1932  
Trophies and Awards Resolution #4, Department Convention 1983  
Department Convention 1948  
Department Convention 1950  
Department Convention 1954
- Conditions:** A Trophy to be awarded to the winning Post. The Trophy to be inscribed as follows:  
"Department Service Trophy"
- Criteria:** To be awarded annually to a Post in this Department with a **minimum annual membership of 400**, such Post having excelled in service work to veterans, their surviving spouses and children, in obtaining benefits to which they may be entitled.

Award to be judged by the Post Service Officers' annual report, subject to verification of the Department Service Officer.

Deadline: All entries must be received by Department Headquarters no later than APRIL 15th.

Presentation: Award shall be presented at the Department Convention each year.

Criteria: **Post must file a Consolidated Post Report Form and a copy must be with the report.**

Reporting: 12 months May 1st to May 1st.

Accepted by the Department Executive Board Action November 7, 1991.





# DEPARTMENT SERVICE TROPHY OR ALBERT E. NADEAU TROPHY (1 of 2 pages)

**How awarded:** Annually to that Post excelling in service work to veterans and families.  
**Department Service Trophy** to Post with **400 or more members**.  
**Albert E. Nadeau Trophy** to Post with **less than 400 members**.

**Conditions:** Post competing for these trophies shall present to Department Headquarters by APRIL 15 each year this report, duly certified by the Post Commander and Service Officer.

POST # \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

MEMBERSHIP TO DATE \_\_\_\_\_

## PART 1 VETERANS ONLY

ITEM	CASES	
1. Cash grants	_____ @ 5 pts each	_____ \$ _____
2. Food, clothing, lodging assistance	_____ @ 5 pts each	_____ _____
3. Transportation assistance	_____ @ 5 pts each	_____ _____

### B. NON FINANCIAL ASSISTANCE - HOSPITALIZED VETERANS

1. Comfort/Cheer	_____ @ 10 pts each	_____ _____
2. Recreation provided	_____ @ 10 pts each	_____ _____
3. Entertainment provided	_____ @ 10 pts each	_____ _____
4. Post Canteen book fund	25 points total	_____
5. Donation to Department Canteen book fund	25 points total	_____

### C. NON-FINANCIAL ASSISTANCE ONLY - ALL VETERANS

1. New disability claims handled	_____ @ 10 pts each	_____ _____
2. Respond disability claims handled	_____ @ 10 pts each	_____ _____
3. Medical claims handled	_____ @ 5 pts each	_____ _____

# DEPARTMENT SERVICE TROPHY OR ALBERT E. NADEAU TROPHY (2 of 2 pages)

- 4. NH State Veterans Home Application \_\_\_\_\_@ 5 pts each \_\_\_\_\_
- 5. Assistance in securing employment \_\_\_\_\_@ 5 pts each \_\_\_\_\_
- 6. Hospital/Nursing Home visits to Post members \_\_\_\_\_@ 10 pts each \_\_\_\_\_

### D. DECEASED VETERANS

- 1. Dept. graves registration cards submitted 40 pts total: \_\_\_\_\_
- 2. Post providing Legion grave markers 25 pts total: \_\_\_\_\_
- 3. Post Firing Squads provided \_\_\_\_\_@ 10 pts each \_\_\_\_\_
- 4. Post Color Guards provided \_\_\_\_\_@ 10 pts each \_\_\_\_\_
- 5. Post Funeral details (bearers, etc.) \_\_\_\_\_@ 10 pts each \_\_\_\_\_

## PART II SURVIVORS ONLY

### A. FINANCIAL ASSISTANCE ONLY

- 1. Financial Scholarships \_\_\_\_\_@ 10 pts each \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Cash grants or loans \_\_\_\_\_@ 5 pts each \_\_\_\_\_ \$ \_\_\_\_\_
- 3. Food, clothing, lodging assistance \_\_\_\_\_@ 5 pts each \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Transportation assistance \_\_\_\_\_@ 5 pts each \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Miscellaneous (Children's Christmas party, etc.) \_\_\_\_\_@ 5 pts each \_\_\_\_\_ \$ \_\_\_\_\_

### B. NON-FINANCIAL ASSISTANCE ONLY

- 1. Surviving spouse pension/DIC claims \_\_\_\_\_@ 10 pts each \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Burial benefits claims (burial plot allowances) \_\_\_\_\_@ 5 pts each \_\_\_\_\_ \$ \_\_\_\_\_

**GRAND TOTALS:** \_\_\_\_\_ \$ \_\_\_\_\_

Post Commander: \_\_\_\_\_

Post Service Officer: \_\_\_\_\_

# ALBERT E. NADEAU MEMORIAL SERVICE WORK TROPHY

- Source:** Anonymous Donor  
**Authority:** Department Convention 1979 Trophies and Awards Resolution #2, Department Convention 1983  
**Criteria:** To be awarded annually to the Post in this Department with an annual **membership of less than 400**, such Post having excelled in service work to veterans, their surviving spouses and children, in obtaining benefits to which they may be entitled.

Award to be judged by the Post Service Officer's annual report, subject to verification of the Department Service Officer.

Deadline: All entries must be received by Department Headquarters no later than APRIL 15.

Presentation: Award shall be presented at the Department Convention each year.

Criteria: **Post must file a Consolidated Post Report form and a copy must be with Report.**

Reporting: APRIL TO APRIL

Accepted by the Department Executive Board Action November 7, 1991.



# FLAG EDUCATION POST NARRATIVE REPORT FORM

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_ District No. \_\_\_\_\_

Location \_\_\_\_\_ Present Membership \_\_\_\_\_

Title & Name Making Report \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

## (A) Post must file a CPR Form and a copy must be with this Report

### (B) Reporting: 12 months: May 1st to April 30th

1. Did Post conduct a flag retirement ceremony? **Yes**  **No** 
  - 1a. Did Post invite the local Scout Units to participate? **Yes**  **No**
  - 1b. Did post invite the public to come and observe? **Yes**  **No**
  - 1c. Was it promoted via local media? **Yes**  **No**
  - 1d. TV \_\_\_\_\_ Radio \_\_\_\_\_ Newspaper \_\_\_\_\_ Other \_\_\_\_\_
2. Did Post conduct flag education sessions? **Yes**  **No**  If so at: \_\_\_\_\_
  - 2a. Churches \_\_\_\_\_ Schools \_\_\_\_\_ Scouts \_\_\_\_\_ Other \_\_\_\_\_
3. Did Post put out flags for Memorial Day? **Yes**  **No** 
  - 3a. If so, did Post invite local Scout Units to participate? **Yes**  **No**
4. Did Post conduct a Flag Day ceremony? **Yes**  **No** 
  - 4a. If so, was the public and Scout Units invited? **Yes**  **No**
  - 4b. If no to 4., did Post participate in Flag Day Ceremony? **Yes**  **No**
5. Did Post donate flags? **Yes**  **No**  If so, to: \_\_\_\_\_
  - 5a. Churches \_\_\_\_\_ Schools \_\_\_\_\_ Scouts \_\_\_\_\_ Other \_\_\_\_\_
6. Does Post have an active Color Guard? **Yes**  **No**
7. Did Post invite Auxiliary/SAL to participate in any of the above activities? **Yes**  **No**
8. Estimate the number of volunteer service hours provided by the members of the Post for all Flag Activities \_\_\_\_\_ Hours
9. Estimate the amount of money the Post expended for overhead expenses. (Postage, printing, travel, conferences, etc.) \$ \_\_\_\_\_
10. Estimate the amount of money donated to other organizations in the name of Flag Education \$ \_\_\_\_\_
11. Please attach extra sheets if necessary.
12. Mail to the address below.

**MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN APRIL 15**

Approved August 5, 1995 at Department Executive Committee.

**THE AMERICAN LEGION - Department of New Hampshire**  
**121 South Fruit St Suite 103 Concord NH 03301**

603-856-8951 Fax 603-856-8943



# BOY SCOUT REPORT (1 of 2 pages)

\*\*\*\* INCLUDE CONSOLIDATED POST REPORT

**To The American Legion Post Commander:** Please give this form to your Legion Post Boy Scout Chairman, and have him call a meeting of Scouting Coordinator, Troop Committee, Scoutmaster and Assistants, and ask that it be completed and returned to the Legion Post Adjutant.

**ATTENTION LEGION BOY SCOUT CHAIRMAN: THIS REPORT MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY APRIL 15**

Sponsoring American Legion Post \_\_\_\_\_

Town\City \_\_\_\_\_

Does Legion Post provide a meeting place for the Troop? Yes  No

Does Legion Post support the troop financially? Yes  No

Does Legion Post have an active Boy Scout Chairman? Yes  No

Is the Scouting Coordinator an active Legionnaire? Yes  No

Does your troop provide insurance for the Scouts? Yes  No

Total number of adult leaders in the Troop. \_\_\_\_\_

Total number of adult leaders who are Legionnaires \_\_\_\_\_

Is the Scoutmaster trained? Yes  No

Number of Junior Leaders who are trained. \_\_\_\_\_

Number of registered Scouts as of APRIL 1 \_\_\_\_\_

Number of Scouts who became Explorers \_\_\_\_\_

Total number of advancements (Tenderfoot, Second Class, First Class, Star Life, Eagle, Eagle Palms) since APRIL 1st \_\_\_\_\_

Number of Scouts who hold Religious Awards \_\_\_\_\_



# BOY SCOUT REPORT (2 of 2 pages)

Total Merit badges earned \_\_\_\_\_

Number of Boards of Review held \_\_\_\_\_

Courts of Honor conducted \_\_\_\_\_

Number of short-term camping trips \_\_\_\_\_

Number of Scouts attending long-term camp \_\_\_\_\_

Did Troop participate in National, Council, District Events?      **Yes**     **No**

List Events: \_\_\_\_\_

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Did Troop participate in Patriotic events and Community activities since last APRIL 1st?  
(clothing or food collection, Memorial Day, Veterans Day observances, Ceremonial Flag Burning,  
etc.)      **Yes**     **No**

Please List \_\_\_\_\_

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Has the Troop performed a "Good Turn" for the sponsoring Legion Post?      **Yes**     **No**

Please Describe: \_\_\_\_\_

I hereby certify that the above entries are correct

Post Adjutant \_\_\_\_\_

# EXPLORER REPORT (1 of 2 pages)

\*\*\*\* INCLUDE CONSOLIDATED POST REPORT

**To The American Legion Post Commander:** Please give this form to your Legion Post Boy Scout Chairman, and have him call a meeting of Scouting Coordinator, Troop Committee, Scoutmaster and Assistants, and ask that it be completed and returned to the Legion Post Adjutant.

**ATTENTION LEGION BOY SCOUT CHAIRMAN: THIS REPORT MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY APRIL 15**

Sponsoring American Legion Post \_\_\_\_\_

Town\City \_\_\_\_\_

Does the Legion Post provide a meeting place for the Explorer Post?      **Yes**     **No**

Does the Legion Post support the Explorer Post Financially?      **Yes**     **No**

Does the Legion Post have an active Boy Scout Chairman?      **Yes**     **No**

Is the Scouting Coordinator an active Legionnaire?      **Yes**     **No**

Is the Scouting Coordinator an Active Scouter?      **Yes**     **No**

Does the Explorer Post provide insurance for the Explorers?      **Yes**     **No**

Total number of adult leaders in the Explorer Post      \_\_\_\_\_

Total number who are Legionnaires      \_\_\_\_\_

Is the Explorer advisor trained?      **Yes**     **No**

Number of associates or assistant advisors trained      \_\_\_\_\_

Number of Explorer Officers trained      \_\_\_\_\_

Number of registered Explorers as of APRIL 1      \_\_\_\_\_

Total number of advancements      \_\_\_\_\_

# EXPLORER REPORT (2 of 2 pages)

Number of Explorers who hold Religious awards \_\_\_\_\_

Did Explorer Post participate in National, Council, and District events?      **Yes**     **No**

List Events: \_\_\_\_\_

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High Adventure or Super Activities?      **Yes**     **No**

List Activities \_\_\_\_\_

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Did Explorer Post participate in Patriotic events and community activities since last APRIL 1st.  
(Clothing or food collection, Memorial Day, Veterans Day observances, Ceremonial Flag  
Burning, etc.)      **Yes**     **No**

List Activities \_\_\_\_\_

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Has the Explorer performed a "Good Turn" for the sponsoring Legion Post?    **Yes**     **No**

Describe: \_\_\_\_\_

I hereby certify that the above entries are correct

(Post Adjutant) \_\_\_\_\_

# CUB SCOUT REPORT (1 of 2 pages)

\*\*\*\* INCLUDE CONSOLIDATED POST REPORT

**To The American Legion Post Commander:** Please give this form to your Legion Post Boy Scout Chairman, and have him call a meeting of Scouting Coordinator, Troop Committee, Scoutmaster and Assistants, and ask that it be completed and returned to the Legion Post Adjutant.

**ATTENTION LEGION BOY SCOUT CHAIRMAN: THIS REPORT MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY APRIL 15**

Sponsoring American Legion Post \_\_\_\_\_

Town\City \_\_\_\_\_

Does Legion Post provide a meeting place for the Cub Pack? Yes  No

Does Legion Post support the Cub Pack financially? Yes  No

Does Legion Post have an active Boy Scout Chairman? Yes  No

Does your Cub Pack provide insurance for the Scouts? Yes  No

Total number of adult leaders in the Cub Pack. \_\_\_\_\_

Total number of adult leaders who are Legionnaires \_\_\_\_\_

Is the Cubmaster trained? Yes  No

Number of Cubmasters trained \_\_\_\_\_

Number of Den Leaders and assistants who are trained \_\_\_\_\_

Number of Den Chiefs trained \_\_\_\_\_

Number of registered Cubs as of APRIL 1 \_\_\_\_\_

Ranks earned as of APRIL 1

Bobcat \_\_\_\_\_

Wolf Bear \_\_\_\_\_

Weebelos \_\_\_\_\_

Arrow of Light \_\_\_\_\_

Arrow Point \_\_\_\_\_

# CUB SCOUT REPORT (2 of 2 pages)

Number of Cubs who hold Religious Awards \_\_\_\_\_

Number of Cubs who graduated to a Boy Scout Troop \_\_\_\_\_

Did Pack hold Summer Activities? Yes  No

List Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did Cub Pack Participate in Patriotic events and Community activities since APRIL 15, 2016?  
(Clothing or food collection, Memorial Day, Veterans Day observances, Ceremonial Flag  
Burning, etc.) Yes  No

List Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Cub Pack performed a "Good Turn" for the sponsoring Legion Post? Yes  No

Please Describe: \_\_\_\_\_

I hereby certify that the above entries are correct

Post Adjutant \_\_\_\_\_



# **LOUIS E. WILLET HIGH SCHOOL ORATORICAL CONTEST AWARD**

1. This award shall be presented annually to the School in the Department of New Hampshire who sponsors the Department winner.
2. The award shall be presented by the Department Oratorical Chairman to a representative of the winning school at a School Assembly as soon after Contest as possible.
3. The award shall be passed from School to School in accordance with rules 1 and 2.
4. The individual plates shall be suitably inscribed and shall bear the full name of the School.

Accepted by the Executive Board Action on November 7, 1991





**ROYAL E. MILLER, JR.**  
**HIGH SCHOOL ORATORICAL CONTEST AWARD**

1. This award shall be presented annually to the Post in the Department of New Hampshire who sponsors the Department Winner.
2. The award shall be presented by the Department Oratorical Chairman to a representative of the winning Post at the Department Convention.
3. The award shall be passed from Post to Post in accordance with rules 1 and 2.
4. The individual plates shall be suitably inscribed and shall bear the winner's name and the full name of the sponsor Post and Post Number -e.g., James E. Coffey Post 3, Hudson Post 48, Merrimack Memorial Post 98, etc.

Accepted by Executive Board Action on February 23, 1975.  
Accepted by Executive Board Action on November 7, 1991.

# DEPARTMENT PUBLICITY AWARD

Post No. \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

	<b>Maximum Score</b>	<b>Assigned Score</b>
1. American Legion Local News	40 Points	_____
2. State and National Legion News	15 Points	_____
3. Editorial Excellence	15 Points	_____
4. Attractive Appearance	15 Points	_____
<b>Grand Total</b>	<b>85 Points</b>	_____

**Post must file a consolidated post report form and a copy must be with this report**

## RULES FOR JUDGING

1. Newsletter must have been published at least four (4) times during the Award Year.
2. Newsletters must have been issued between May 1 and May 1 of Award Year.
3. Newsletter must have been mailed to each Post member during the Award period.
4. Entries must be received at Department Headquarters **NO LATER THAN APRIL 15.**
5. **TWO (2) dated issues are to be submitted for judging.**
6. **Department Public Relations Committee shall select three judges.**

Judge: \_\_\_\_\_

Judge: \_\_\_\_\_

Judge: \_\_\_\_\_

Accepted by the Department Executive Board Action November 7, 1991.

# MAURICE L. MCQUILLEN PUBLICITY AWARD

Contestant Name: \_\_\_\_\_ Post No. \_\_\_\_\_ Date \_\_\_\_\_

	<b>Maximum Score</b>	<b>Assigned Score</b>
1. Value to American Legion programs for policies	40 Points	_____
2. Length (no more than 1,000 words)	15 Points	_____
3. Editorial Title (consistent with material)	15 Points	_____
4. Editorial Excellence	30 Points	_____
<b>Grand Total 100 Points</b>		_____

**Post must file a consolidated post report form and a copy must be with this report**

## **RULES FOR JUDGING**

1. Item must have been published in a periodical (Legion Magazine, Legion Newsletter, Local or State newspaper, etc.)
2. Tear sheet from publication must be provided to the judges.
3. Item must have been published between May 1 and May 1 of Award Year
4. Entries must be received at Department Headquarters **NO LATER THAN APRIL 15.**
5. Item must carry the name of the author, either in print or by signature and must have been written by that person.
6. **Department Public Relations Committee shall select three judges.**

Judge: \_\_\_\_\_

Judge: \_\_\_\_\_

Judge: \_\_\_\_\_

Accepted by the Department Executive Board Action November 7, 1991.



# THE HERBERTA STARK MEMORIAL HISTORY YEARBOOK CONTEST RULES

All entries must be submitted to Department Headquarters by APRIL 15th, reporting 12 months

<b>Cover:</b>	Maximum size 12 x 14 1/2 inches, emblem, etc.	_____ (5)
<b>Compiler Name/address</b>	Inside front cover/lower left hand corner	_____ (5)
<b>Title Page</b>	Centered in logical arrangement/double line spacing plus, etc.	_____ (5)
<b>Introduction</b>	Post background, tie-in with Dept./National, Community, etc.	_____ (5)
<b>Table of Contents</b>	Consists of Chapter and Appendices (statistics), etc.	_____ (5)
<b>Preamble</b>	Constitution of The American Legion, etc.	_____ (5)
<b>Index</b>	Comprehensive alphabetical listing carried at end of yearbook	_____ (5)
<b>Page Numbering</b>	Carried of Department Memorabilia pages and index	_____ (5)
<b>Arrangement</b>	Systematic and logical arrangement should be sought and planned. Material dates and events recorded in chronological order. The reader must be able to follow the meaning of the pictures, clippings, programs, tickets, badges, etc., with little confusion.	_____ (20)
<b>Identification</b>	All clippings and/or photographs must have occasion, source, dates, functions, names, etc., listed to properly identify the subject matter. Provide "left to right" identification.	_____ (15)
<b>Photographs</b>	Must be clear-cut. Blurry/foggy prints will not add materially.	_____ (10)
<b>Originality</b>	Different in thought and presentation	_____ (10)
<b>Judges will consider -</b>		
	a number of qualities or items of content in the yearbook which are not readily catalogued under the preceding headings.	
<b>Judges will determine -</b>		
	that some yearbooks contain items and features which make them attractive and especially useful.	_____ (5)
<b>TOTAL POINTS OF ENTRY (100 possible)</b>		_____

**Must have Consolidated Post Report (CPR) attached.**

Revised at Department Convention 15 June 1995.



# CHARLES H. (PAT) DEVINE MEMORIAL TROPHY (1 of 2 Pages)

- Source:** The Henry J. Sweeney Post #2, Manchester, NH
- Authority:** The Department Convention of 1958
- Conditions:**
- A.** Maintain press clippings and photographs pertaining to the activities of the Post, particularly in connection with assistance and patriotic observances and actions on behalf of disabled veterans, their widows, and orphans and generally participate in community projects of all sorts.
  - B.** The new items shall not be limited to any particular paper, but should be clipped from either local newspapers or those of statewide circulation.
  - C.** A committee of three judges, to be appointed by the Department Commander, all of whom shall be newspapermen or journalists, all determine the winner. All entries shall be submitted to the Department Headquarters of the American Legion on or before May 15 so that a decision may be made and the plaque awarded to the winning Post at the Annual Department Convention.
  - D.** The winning Post shall have its name inscribed upon the plaque and shall have possession of the plaque until the next Annual Department Convention of the New Hampshire Department.

The following additional rules were added by Department Convention action taken June 25, 1977, giving the Department Historian (Herberta T. Stark) the authority to draw up new rules:

- 1. Title Page** containing name of Post, location and years conversed as well as the name of the person compiling the scrapbook.
- 2. Foreword** would include reason for selection of Post name and if for a departed comrade or comrades, should contain a short sketch of their lives.
- 3. Alphabetical index** This is important. It should contain the names, places and events with page references to each and should be carried at the end of the scrapbook.

(over)

# **CHARLES H. (PAT) DEVINE MEMORIAL TROPHY (2 of 2 Pages)**

## **RULES**

- 1.** The Scrapbook is to cover the years events beginning at the date of the Installation of the Post's Officers and ending at the conclusion of the Post Year. (Posts not observing the Department dates should make their books from APRIL 1st to APRIL 1st.)
- 2.** The Scrapbook should be a maximum size of 12 x 14 1/2 inches and have a substantial cover.
- 3.** All clippings and/or photographs must have the occasion, source, dates, functions, names, etc. listed to properly identify the subject matter for someone to recognize several years from now.
- 4.** Index should alphabetically carry the names, places and events with page references to each and appear at the end of the book.

**MUST BE AT HEADQUARTERS NO LATER THAN APRIL 15**

The foregoing factors will be considered by the judges as well as:

- the comprehensiveness of the scrapbook and,
- the features which make the Scrapbook History especially attractive, useful and of historic value.

**Post must file a Consolidated Post Report (CPR) form and a copy must be with the report.**

Accepted by the Department Executive Board Action November 7, 1991.



# **PDC WILLIAM E. SANBORN INTERPOST ACTIVITIES TROPHY**

## **BASIS FOR AWARDING TROPHY**

This trophy will be awarded annually at the Department Convention. The qualifying year is APRIL 1 to APRIL 1.

The winner of the trophy is based on participation in Inter-Post Activities on a point system:

First Place winner - 25 points;

Second Place winner - 15 points;

Third Place winner - 10 points;

Fourth Place winner - 5 points.

In case of a tie, a play-off is not possible, the points will be divided equally between the tying Posts.

In teams composed of members of more than one Post, point credit will be given to the Post whose Adjutant authenticated the team's entry form.

The Chairman of each event will maintain records and be present at a meeting to compile scores and points to determine the winner of the trophy.

**MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS NO LATER THAN APRIL 15TH.**

Accepted by the Department Executive Board action November 7, 1991.  
Modified by the Department Executive Board August, 1999



# Post Website of the Year

Post Name \_\_\_\_\_

Post Number \_\_\_\_\_

City/town post is located \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

## PURPOSE -

The purpose of the information presented in the site should be clear. Some sites are meant to inform, persuade, state an opinion, entertain, or parody something or someone. Evaluating a web site for purpose:

- Does the content support the purpose of the site?
- Is the site organized and focused?

## CURRENCY -

Currency of the site refers to:

- how current the information presented is, and
- how often the site is updated or maintained. It is important to know when a site was created, when it was last updated, and if all of the links are current.

Evaluating a web site for currency involves finding the date information was:

- First written
- Placed on the web
- Last revised
- Grammar and spelling must be accurate

## PRESENTATION -

Plaque given to the post with the best layout and information on their post website

**Copy of Consolidated Post Report (CPR) must be with this sheet**

**MUST BE IN THE DEPT HQ OFFICE BY APRIL 15**

**THE AMERICAN LEGION - Department of New Hampshire**

**121 South Fruit St Suite 103 Concord NH 03301**

**603-856-8951 Fax 603-856-8943**

## Notes