All State District Entry Form

District No:	Date:
District Commander:	Phone:
Email:	
Cap Size:	Check One:Life MemberLegacy Life Member
. MEMBERSHIP CALCUI	LATIONS:
a. PRIOR YEAR MEM	MBERSHIP:
b. CURRENT YEAR I	MEMBERSHIP:
c. PERCENTAGE (B	DIVIDED BY A):
2. PRIMARY REQUIREMI	ENTS:
a. MEMBERSHIP AB	BOVE 100%:
b. Voice of Democra	ncy - minimum of one entry advanced to Department Judging
c. Patriots Pen - min	nimum of one entry advanced to Department judging
d. Citizenship Educa	ation Teachers Award – one entry advanced to Department judging
Will District Comman	der attend Banquet? Yes No
Guest/Spot	BANQUET TICKETS: Please check here if you have already purchased Banquet Tickets! Ck No:
DEPARTMENT USE ONLY:	Date Received:
Qualified for All State Tea	am Judging: Yes No
Total Points accur	mulated from Judging: