## POST AMERICANISM PROGRAM SUMMARY FORM

CHAIRMAN NAME:		_ PH #			
POST/AUX #:		DATE			
	MPETITION BY DIVISION - LI OL, AND CATEGORY/CATEG SCHOOL.		•		
SCHOOL NAME	# STUDENTS	C-1	C-II	C-III	C-IV
TOTALS:				_	
TOTAL HRS:	# WORKERS:	\$ SPE	ENT: _		

Mail/Email your entries to your VFW Dist Americanism Chairman!