

DUE DATE - JUNE 1, 2004

**THE AMERICAN LEGION
DEPARTMENT OF MARYLAND, INC.
101 N. GAY STREET
BALTIMORE, MD 21202**

**CHARLES A. ST. CLAIR MEMORIAL
SPECIAL OLYMPIC TROPHY**

This form must be in the Department Headquarters no later than JUNE 1, 2004, close of business for consideration.

(PERIOD OF REPORT - June 1, 2003 through May 31, 2004)

Post Name _____ Post No. _____

District _____ No. of members _____

Indicate the Special Olympic Games your Post participates:

Summer Games _____ Winter Games _____ Both Games _____

Indicate the number of members participating in the Special Olympic Programs:

Legion _____ Auxiliary _____ SAL _____

Indicate the number of hours spent by members per each Games.

Summer Games _____ Winter Games _____

Indicate the number athletes sponsored by your Post.

Summer Games _____ Winter Games _____

Indicate the total funds contributed to Special Olympics by your Post. \$ _____

Are any awards made by your Post to Special Olympic athletes locally (medals, gifts, etc.)

Yes _____ No _____ If Yes, what type of awards? _____

List other activities of Post for Special Olympics: _____

(NOTE: Additional evidence, photos, etc. may be attached)

Post Commander

Post Adjutant

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