

**Convention Registration**

**\*\*ONE FORM PER PERSON\*\***

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Complete Post # \_\_\_\_\_ Unit # \_\_\_\_\_ Squad # \_\_\_\_\_ Chapter # \_\_\_\_\_

Circle One:	Delegate	Alternate	Guest
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Past District Commander \_\_\_\_\_ President \_\_\_\_\_

**\$15.00 prior to Friday, May 25th, \$18 on or after**  
Make Check(s) Payable to **5<sup>th</sup> District American Legion**  
Send to Dennis De Long  
10514 W. Bloomington Freeway  
Bloomington, MN 55431

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