

2020 DEPARTMENT CONVENTION CONTEST WINNERS

NAME OF COMMITTEE _____

PLEASE PRINT CLEARLY

FAX: 517-371-3698

e-mail: info@michalaux.org

CONTEST NAME/DESCRIPTION	NAME OF WINNER	NAME OF UNIT	UNIT/DIST NUMBER	IF CASH AWARD, LIST AMOUNT
Name: _____ Description: _____	_____	_____	_____	\$ _____
Name: _____ Description: _____	_____	_____	_____	\$ _____
Name: _____ Description: _____	_____	_____	_____	\$ _____
Name: _____ Description: _____	_____	_____	_____	\$ _____
Name: _____ Description: _____	_____	_____	_____	\$ _____
Name: _____ Description: _____	_____	_____	_____	\$ _____
Name: _____ Description: _____	_____	_____	_____	\$ _____
Name: _____ Description: _____	_____	_____	_____	\$ _____

Pink Copy: Return to Department Headquarters by May 10, 2020

Signed _____
Department Chairman *Date*