

# 2025 DEPARTMENT CONVENTION CONTEST WINNERS

NAME OF COMMITTEE \_\_\_\_\_

**PLEASE PRINT CLEARLY**

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: _____	_____	_____	_____	\$ _____

Return to Department Headquarters by June 1, 2025

Signed \_\_\_\_\_  
*Department Chairman* *Date*