

**DEPARTMENT OF MICHIGAN
VETERANS OF FOREIGN WARS**

**2026 STATE CONVENTION BUDDY POPPY DISPLAY CONTEST
BUDDY POPPY DISPLAY CONTEST ENTRY FORM**

Post # _____ Post Name _____

Please check the correct participants involved with the creation of your display.

Select only one:

A) Post _____

B) Post and Auxiliary _____

C) Auxiliary to Post _____

Location of Post: Address _____

City _____

State _____ Zip _____

Name of contact person: _____

Phone number of contact person: _____

Email address of contact person: _____

Category of Contest Entry: 1) _____ 2) _____ 3) _____

Number of Poppies used in Display: _____

Title of Display if any: _____

Brief Description of Display: _____

Signature of person entering the display: _____