



**Louisiana Division, Sons of Confederate Veterans  
2016 Division Reunion**

This completed form shall be presented to the Credentials Committee upon registering at the Louisiana Division Reunion in Amite- June 4, 2016. To the Credentials Committee, the following members are hereby delegated to represent:

Camp No. \_\_\_\_\_

Camp Name \_\_\_\_\_

Chairman and Delegates must be listed individually:

_____	_____
_____	_____
_____	_____
_____	_____

Camp Commander/ Camp Adjutant (must be signed by at least one of these)

\_\_\_\_\_

-----  
The Credentials Committee will ascribe the individually named delegates and ascertain the number of votes entitled, indicating hereon, detach and return to the delegation Chairman.

Camp \_\_\_\_\_ No. \_\_\_\_\_ is properly registered and entitled to \_\_\_\_\_ delegated votes at the Louisiana Division SCV Reunion in Amite- June 4, 2016

Delegates Chairman: \_\_\_\_\_

For the Credentials Committee: \_\_\_\_\_