

**2026 Reunion of the Louisiana Division
Sons of Confederate Veterans**

*May 15th & 16th
Alexandria, Louisiana*

Credentials Form

This completed form shall be submitted to the Credentials Committee for the purpose of registering delegates and establishing voting numbers

To the Credentials Committee, the following members are hereby delegated to represent:

_____ **CAMP NAME** _____ **CAMP #**

Chairman _____

Delegates (*listed individually*)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(must be signed by at least one of these Camp Officers)

Camp Commander _____

Camp Adjutant _____

=====

Credentials Committee Only below this line

The Credential Committee has duly examined the Credentials Form and verifies that Camp _____ # _____ is properly registered and entitled to _____ delegate votes.

For the Credentials Committee _____
Signature and Date