

Application for National Event Recognition

National Society, Sons of the American Revolution



Purpose

This application requests national recognition for an established SAR-supported commemoration. Recognition will broaden awareness and encourage participation among national officers, color guardsmen, state societies, chapters, and partner organizations.

Eligibility

The event must commemorate a Revolutionary War battle or related event at or near the proposed location. It must have at least three years of documented SAR leadership, support, and participation, with evidence that it is sustainable and growing. This process recognizes an existing event; it is not intended to create a new one.

Event Information

Event name: _____

Location: _____

Annual observance date: _____

Sponsoring state society/chapter: _____

Primary contact and email: _____

Required Evidence

Attach concise documentation addressing each item:

1. **Historical significance.** Describe the Revolutionary War battle or event and its connection to the location.
2. **Established observance.** Provide the event history and identify the sponsoring SAR state society or chapter.
3. **Three-year participation record.** Document participation by multiple SAR state societies or chapters for each of the last three years.
4. **Partner support.** Identify participation by DAR, C.A.R., other hereditary organizations, local government, and the public, as applicable.
5. **Color Guard participation.** Document support from multiple state color guards.
6. **Publicity and reporting.** Include pre-event publicity, post-event coverage, officer reports, website references, local news coverage, and submissions to national SAR or Color Guard publications.

7. **Photographic record.** Provide photographs from each of the last three years showing organizers, officers, color guards, partner organizations, participants, and public attendance.
8. **Continuity plan.** Explain why the event is expected to continue and grow.

Applicant Certification

I certify that the information submitted is accurate and that the event meets the eligibility requirements above.

Applicant name/title: _____

Signature: _____ **Date:** _____

State society/chapter approval: _____

Committee Use

Date received: _____ **Review date:** _____

Decision: ☐ Approved ☐ Additional information required ☐ Not approved

Comments: _____
