CONTESTANT APPLICATION

Contestant’s Name: _______________________________ Age: _____ Grade: _____

Title of Prepared Oration: ________________________________________________
(It’s OK if you don’t know the title yet. Send in your application anyway.)

Address: __________________________ Email: ___________________________

City: ___________________________ State: _____ Zip: _____ Phone: __________

Parent’s Name: _________________ Parent’s Signature: _________________

Please Print

SCHOOL REPORT

Student’s School: _______________________________________________________

Address: _____________________________________________________________

City: ___________________________ State: _____ Zip: _____ Phone: __________

Name of Faculty/Sponsor Contact: _______________________________________

I first became interested in the Oratorical Contest when: ____________________

_______________________________________________________________________

I will abide by all rules of the Department of Arizona and The National High School
Oratorical Contest Committee and follow the instructions of each Contest Chairman.

Contestant’s Signature: __________________ Date: ____________________

THIS FORM MUST BE SENT OR EMAILED TO THE ABOVE
ADDRESS BEFORE JANUARY 1