

**THE AMERICAN LEGION
Department of Arizona
4701 N. 19th Ave., Suite 200
Phoenix, AZ 85015-3799
Phone (602) 264-7706**

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 TO THE ABOVE ADDRESS BEFORE
JANUARY 1**