

**THE AMERICAN LEGION  
Department of Arizona  
4701 N. 19<sup>th</sup> 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 15**