

The American Legion
Department of Arizona
4701 N 19th Ave., Suite 200
Phoenix, AZ 85015
Phone (602)264-7706
oratorical@azlegion.org

CONTESTANT APPLICATION

Contestant's Name: _____ Age: _____ Grade: _____

Title of Prepared Oration: _____

(It is ok if you don't know the title yet. Send in your application anyway)

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent's Name: _____ Parent Signature: _____

Please Print

Parent Email: _____ Parent Phone: _____

Sponsoring American Legion Post #: _____

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 SEND OR EMAILED TO THE ABOVE ADDRESS BEFORE
JANUARY 30, 2023**