

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 31, 2024**



The American Legion Dept of Arizona

Photo/Video Media Release Form

I Hereby Authorize The American Legion Department Of Arizona and its affiliates, representatives and those acting pursuant to its authority to: record my likeness and or voice on video, audio, photographic, digital, electronic or any other medium; and to use my name and biographical material in connection with such recordings; in any medium (e.g. print, publications, video, internet, etc.) for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings remain the property of The American Legion Department Of Arizona.

I Certify that I am 18 years of age or older or that my lawful parent/guarding has signed below.

_____ Student _____ Faculty _____ Staff _____ Other

Name of Participant (Please Print) _____ Date _____

Participant address _____ Phone _____

Participant Signature _____

Parent or Guardian Signature (If Participant is under 18 years of age) title _____

Full Name _____

Date _____ E-Mail _____ Phone _____

Home Address _____

OFFICIAL USE ONLY:

Received by, Signature _____

Date _____ Time _____ Event _____