

THE AMERICAN LEGION Department of Washington



(To be completed by student with sponsorship of an American Legion Post/Unit/Squadron/District)

Contestant Name:	Birth Date:	
Address:	City:	Zip:
Home Phone: E-Mail:		
Are you a United States Citizen? ☐ Yes ☐ No	If no, are you a resident alien?	□ Yes □ No
Parent's Name:	Phone:	
Parent's E-Mail:		
SCHOOL INFORMATION:		
High School:	Grade:	
Address:	_ City:	Zip:
School Phone:	School Fax:	
Faculty Contact:	E-Mail:	
I first became interested in the oratorical contest when:		
I will abide by all the rules of the Department of Washington and The National High School Oratorical Contest Committee and follow the instructions of contest sponsors and chairman. I hereby attest that my Prepared Oration and Assigned Topic presentations are my original work.		
Applicant:	Date:	
Sponsored by American Legion □Post □Unit □Squadron □District#		
Chairman/Officer Name:		
Phone: E-Mail:		

Sponsor must submit this application with \$150.00 fee by January 31w Please make checks payable to The American Legion, Department of Washington.

Mail Application to: THE AMERICAN LEGION

Department Oratorical Contest 13017 SE 171st PL Renton, WA 98058