



# ORATORY CONTEST

## CONTEST APPLICATION FORM

*please print*

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (        ) \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_

AREA COORDINATOR: \_\_\_\_\_

COORDINATOR PHONE: (        ) \_\_\_\_\_

Students: Return this form to Area Coordinator.  
For further information, contact MCCL at 612-825-6831 or [MCCL@mccl.org](mailto:MCCL@mccl.org).