

THE AMERICAN LEGION – DEPARTMENT OF NEW YORK 2021 Oratorical Contestant Application

(Submit hard copy to County Chairman along with Prepared Oration)

Contestant Name:	Birth Date		
Address:	City:		Zip:
Home Phone:	Cell Phone:		
Email Address:	Gender: Grade		
Have you read & will you abide by the Department of N.Y. Rules Brochure: YES NO			
Do you belong to the National Speech & Debate	e Association:	YES	NO
School Information			
School Name:			
Address:			Zip:
School Phone:	Cell Phone:		
Faculty Contact:	Email Address:		
Public School: Private School:	Parochial School:	Hor	neschooled:
U. S. Citizen: Yes No If NO, are y the U.S.	ou a Lawful Permanent res		s No
Certification Signatures			
Principal's Signature:			
Parent/Guardian Signature:			
I hereby certify that my speech is my personal ef both written speech and when delivered.	fort and any parts taken from	om another spec	ech is so quoted
Date: Contestant Signature:			
OFFICIAL USE ONLY:			
		C 1	District
Sponsored by American Legion Post:		County:	District: