**Certification Signatures**

**School Information**

|  |  |
| --- | --- |
| School Name: |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |   | City: |   | Zip: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| School Phone: |   | Cell Phone: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Contact: |   | Email Address: |   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Public School: |   | Private School: |   | Parochial School: |   | Homeschooled: |   |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| U. S. Citizen: | Yes |   | No |   | If NO, are you a Lawful Permanent resident of the U.S. | Yes |   | No |   |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Association: | YES |   | NO |   |

THE AMERICAN LEGION – DEPARTMENT OF NEW YORK

2022 Oratorical Contestant Application

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

|  |  |
| --- | --- |
| **Principal’s Signature:** |  |

**OFFICIAL USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsored by American Legion Post: |  | County: | District: |

|  |  |
| --- | --- |
|  |  |

I hereby certify that my speech is my personal effort and any parts taken from another speech is so quoted both written speech and when delivered.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Contestant Signature:** |  |

|  |  |
| --- | --- |
| **Parent/Guardian Signature:** |  |