

DEPARTMENT ORATORICAL CONTEST
arlegion.org
CONTEST APPLICATION
(To Be Completed By Student)

Contestant Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Are you a United States Citizen? Yes _____ No _____ if no, are you a resident alien? Yes _____ No _____

Parents Name _____ Day Time Phone _____

SCHOOL REPORT

High School _____ Grade _____

Address _____ City _____ State _____ Zip _____

School Phone _____ School Fax _____

Counselors Name _____ Email _____

I first became interested in the Oratorical Contest when:

I will abide by all the rules of the Department of Arkansas 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.

Applicants Signature _____ Date _____

OFFICIAL USE ONLY

Sponsored by American Legion Post or District _____

Post or District Chairman or Officer _____

Phone _____ Date _____

Students should submit this application by January 9, 2027

TO: Department Oratorical Chairman, Roger Lacy
PO Box 3280
Little Rock, Arkansas 72203