## Application Form

Applicant Name:

First, Middle and Last: _____

Student Date of Birth: _____

Parent/Guardian Name:

First, Middle and Last: _____

Address:_____

_____

Parent / Guardian Telephone #: _____

Student Email:_____

Current School:_____

Grade Level: _____

I have read and understand the rules and regulations to participate in the Oratorical Contest sponsored by The American Legion, Department of Pennsylvania. I have also read and understand the brochure prepared by the National American Legion and agree to abide by all rules and regulations of both the Department and the National Organization.

Student's signature: _____

Date:_____

Sponsored by Doylestown American Legion Post 210, 315 North Street, Doylestown PA 18901