

DEPARTMENT OF CONNECTICUT, THE AMERICAN LEGION
OFFICIAL STUDENT REGISTRATION FORM
NATIONAL HIGH SCHOOL ORATORICAL SCHOLARSHIP PROGRAM
A SPEECH CONTEST ON THE U.S. CONSTITUTION

DATE: _____

NAME OF ENTRANT: _____ DATE OF BIRTH: _____

E-MAIL ADDRESS: _____ PHONE NUMBER: (____) _____

ADDRESS: _____

NAME AND LOCATION OF HIGH SCHOOL STUDENT IS NOW ATTENDING: _____

SHIRT SIZE _____

PRINCIPAL'S CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE STUDENT IS REGULARLY ENROLLED IN THE _____ GRADE AT _____

SIGNATURE: _____

(Principal)

SPACE BELOW THIS LINE TO BE USED FOR WINNER ONLY!

(to be filled out by American Legion officials as indicated)

Certified as Winner of _____ place in Post Elimination Contest. Date: _____

Contest Chairman (signature) _____ American Legion Post No. _____

=====
Certified as Winner of _____ place in District Elimination Contest. Date: _____

Contest Chairman (signature) _____ District No. _____

TITLE OF SPEECH _____

=====
Certified as Winner of _____ place in Department Contest. Date: _____

DEPARTMENT DIRECTOR (signature) _____

DISTRICT CHAIRMAN: Please certify below as to the total number of students in your District who in any way participated in the Oratorical Contest.

TOTAL NUMBER OF STUDENTS PARTICIPATING IN DISTRICT NO. _____ is _____

DISTRICT CHAIRMAN: _____