



Department of Delaware
2027 Oratorical Contest Application

Email to: pmdirga@yahoo.com

- and -

Mail to: PO Box 59, Claymont, DE 19703

Phone: (302) 384-3363

Contestant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

U.S. Citizen? Yes ☐ No: ☐ If no, are you a resident alien? Yes ☐ No: ☐

Father/Guardian Name: _____ Daytime Phone #: _____

E-mail: _____

Mother/Guardian Name: _____ Daytime Phone # _____

E-mail: _____

=====School Information=====

High School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Faculty Contact Name: _____ Email: _____

Please complete the following: "I first became interested in the Oratorical Contest when:..."

Please read, and certify below:

I shall abide by all the rules of the Department of Delaware and of The National High School Oratorical Contest Com and follow the instructions of contest sponsors and chairpersons. I hereby attest That my Prepared Oration and Assigned Topic presentations are my original work. If I win the Department of Delaware Contest, I shall commit to the National Contest.

Signatures: Applicant: _____ Date: _____

Parent/Guardian: _____ Date: _____

Official Use Only: Sponsored by Post: _____ District: _____