

SPEAK! MD ORATORY LEAGUE Registration Form 2011

Orator's

First Name: _____ Last Name: _____
(Please Print) (Please Print)

Gender: M F Birth date: ____/____/____ Age: ____ Family Email Address: _____

Home Address: _____ Family Phone: (____) _____ - _____

City: _____ State: _____ Postal Code: _____

School Name: _____ Age: _____ Grade: _____

Father's Name: _____ Cell Phone: (____) _____
(Please Print)

Mother's Name: _____ Cell Phone: (____) _____
(Please Print)

Emergency Contact Name: _____ Emergency Contact Phone: (____) _____

Medical Problems/Allergies: _____ Medications: _____

Volunteer Information: Parents are urged to volunteer with the program each oratory session. Please **circle** the type of volunteer opportunity you are interested in:

Coaching Volunteer at the practice sessions Volunteer at the tournament Fundraising

How did you hear about SPEAK!? (please one) Church (specify): _____ School:(specify) _____

SPEAK! Website: _____ Friend: _____ Newspaper: _____ SPEAK! Brochure: _____ Other: _____

Parent / Guardian Signature: _____ Date: ____ / ____ / ____

Mail completed application w/ \$100.00 registration fee by February 13, 2011 to:

SPEAK! MD Oratory League, Inc.
PO Box 1103
Bowie, MD 20718

Payment can be made by check or money order to: SPEAK! MD ORATORY LEAGUE, INC.
Registration Fee is non-transferable; non-refundable; \$50.00 fee for returned checks.

Sibling Discount: 10%

NOTE: There is NO on-site, online or mail in registration after the deadline; registration is first come; once a grade slot is filled we can no longer accept registration for that slot.

For Office Use Only:	Rec'd: ____/____/____ Approved By: _____
Registration Fee S11 Pd: _____ Cash: <input type="checkbox"/> Check #: _____ Money Order #: _____	