Right to Life of Michigan Educational Fund **2017 High School Oratory Contest**

Contest Application Form (Please print legibly)

Contestant Name:	
Address/City/ZIP:	
Phone:	Birthdate:
E-mail Address (if desir	ed):
School Name:	
School Address/City/ZI	o <u>.</u>
School Phone:	Grade (2016-2017 school year):
Prolife issue you will be	speaking on (choose one):
☐ Abortion ☐ Embr	vonic Stem Cell Research (or Cloning) 🔲 Euthanasia 🚨 Infanticide
*Student Signature *Parent Signature	
*By signing, you agree to allow Rig	nt to Life of Michigan to publicize contest results including your information (name, grade and hometown), as well as provide your contact information to any news media interested in stories about contest winners.
Return this fo	orm by the entry deadline to your local coordinator:
Local Contest:	
Local Coordinator:	Phone:
Address/City/ZIP:	
Entry Deadline:	Local Contest Date:

