

STUDENT APPLICATION AND PARENT/GUARDIAN PERMISSION

Student Name:	
Email:	Phone:
High School Attending:	
School Advisor/Counselor:	
Home School:	
My signature below certifies that I wish to participate in the AAUW of Salem Speech Contest and that I have received and read the following:	
Contest Information	Judge's Ballot
Signature:	Date:
Parent/Guardian Information and Permission:	
Name:	
Address:	
Email:	Phone:
My signature below certifies that I have read the rules for the speech contest and wish for my child to participate in the AAUW of Salem speech contest. In addition, I understand that my child's name may be publicized locally as a contest participant, and that the speech will be recorded for higher-level competition and selection of finalists. If my child is selected as the 1 st place winner or one of the finalists, I understand that the video of my child's competition speech may be posted online or used to promote the contest in subsequent years. I understand, I will need to sign an AFFIDAVIT OF ELIGIBILITY AND LIABILITY RELEASE, prior to my child's participation in the competition.	
Parent/Guardian Signature:	Date: