

**ORATORICAL CONTEST DATES**

**Return before November 15**

**District Number** \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Location \_\_\_\_\_

(Building Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State ZIP)

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**Area Contest**

Area I (1,5,6)

Area II (2,3,4)

Area III (7,8,9)

Date \_\_\_\_\_

Time \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Location \_\_\_\_\_

(Building Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State ZIP)