



**DR. MARTIN LUTHER KING, JR.
ORATORICAL CONTEST**

**ENTRY FORM
2019**

****TYPE OR PRINT INFORMATION CLEARLY****

Student _____ **Grade** _____ **Age** _____
First Name Last Name

Address _____ **Telephone No.** _____

City: _____ **State:** N.C. **Zip Code** _____

E-mail Address _____

School Name _____

School Telephone Number _____

Principal's Name _____

Check appropriate box

- () A (Grades 6-8)
- () B (Grades 9-12)

Signatures:

I have read and fully understand all rules for this competition. I certify that this is my own original work.

Student's Signature _____ **Date** _____

I have read this entry. I am pleased that my child will be participating in this contest. My child will present his/her original work.

Parent's/Guardian's Signature _____ **Telephone No.** _____

Date _____

Please provide all of the requested information on this form.