

**PRO-LIFE ORATORY CONTEST APPLICATION FORM**

(Please Print)

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Student cell phone:( ) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

How did you hear about the contest? (e.g. school, church, newspaper, friend) \_\_\_\_\_

\_\_\_\_\_

**Sponsoring Organizations: NATIONAL RIGHT TO LIFE, LOUISIANA RIGHT TO LIFE FEDERATION, AND THE CATHOLIC DIOCESE OF SHREVEPORT**

**Shreveport-Bossier Coordinator: ANTHONY FABIO  
1908 CAROL STREET  
BOSSIER CITY, LA 71112**

**Telephone: ( 318 ) 402-6663      E-Mail: awfabio2@hotmail.com**

**Students: Return this form to Area Coordinator shown above.**