

**Please include a copy of the contestant's speech.**

Contestant's Name \_\_\_\_\_

Contestant's Email: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Please print clearly – the information is used for contestant awards and mailings.

The contestant will receive a mailing with information regarding the contest time and exact location in the hotel several weeks prior to the contest.

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Please email this form with a copy of your speech to [sara@californiaprolife.org](mailto:sara@californiaprolife.org).