

Auxiliary of

The Wake Missionary Baptist Association

Oratorical Contestant Cover Sheet and Application

PART I(PLEASE TYPE): PERSONAL INFORMATION

Name of Contestant: _____ M F

Mailing Address: _____

City _____ State _____ Zip Code _____

Parents/Guardian Name: _____

Parents' Home #: _____ Parents' Cell #: _____

Parents' E-mail _____

Contestant's Birthdate: _____ Contestant's Age: _____

PART II: CHURCH

NAME OF CHURCH: _____

ADDRESS: _____

Email: _____ PHONE #: _____

PASTOR: _____

Email: _____

ASSOCIATION REPRESENTING: _____

MODERATOR: _____

PART III: ORATORICAL INFORMATION

ORATORICAL TOPIC: _____

Number of Pages: _____

DIVISION: _____

YOUR GRADE AS OF JULY 1, 2021: _____

