

South Carolina Baptist Congress of Christian Education

NJ BROCKMAN ORATORICAL MANUAL REGISTRATION FORM

Deadline: Two weeks prior to November Contest Date

**Reminder: Submit ONE copy of typed speech to the Repository or via Email
*See Guidelines**

Directions: Please type or print clearly on the entire Registration Form

Contestant's Name: _____

Contestant's Address: _____
Street Address City State Zip

Contestant's Age: _____ Contestant's Phone Number: () _____

Contestant's Email Address: _____

Current Grade Level (check one): 7 8 9 10 11

Name of School: _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Email Address: _____

Parent(s)/Guardian(s) Phone Number: (): _____

Youth/Oratorical Advisor: _____

Advisor's Phone Number: () _____

Advisor's Email Address: _____

Name of Local Church: _____

Address of Local Church: _____

Pastor of Local Church: _____

Name of Local Association/Congress: _____

Local Association/Congress President: _____