



Participant Application

Please Print

Name: _____

Address: _____

Phone: _____ Birth Date: _____

School Name: _____

School Address: _____

Phone: _____ Grade: ('16-17 school year) _____

Email: _____

Student Signature: _____

Parent Signature: _____

Topic: Abortion Infanticide Euthanasia Stem Cell Research

Please return this form by the entry deadline to:

_____ COUNTY RIGHT TO LIFE

Address: _____

Entry Deadline: _____

Date: _____

Time: _____

Location: _____