

**ST. JOHN CHRYSOSTOM ORATORICAL FESTIVAL
SPEAKER REGISTRATION FORM**

PLEASE PRINT:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number: Home (____) _____ Cell (____) _____

E-mail _____

School you attend _____

Address of your school _____

Name of your Church _____

City _____ State _____ Zip _____

Name of your priest _____

DIVISION: Junior _____ Senior _____

Topic: _____

TO THE SPEAKER: Please complete and return this form to your Parish Chairman. Be sure you have a current copy of the Oratorical Topics and Speaker Tips.

God Bless You!