

Student 2025-2026 Application and Parent/Guardian Permission

Student Name: _____

Address: _____

Email: _____ Phone: _____

High School Attending: _____

School Advisor/Counselor: _____

My signature below certifies that I wish to participate in the AAUW Thousand Oaks Speech Contest and that I have received and read the following forms:

- Student Instructions
- Judge's Instructions and Ballot

Student Signature: _____ Date: _____

Parent/Guardian Information and Permission:

Name: _____

Address: _____

Email: _____ Phone: _____

My signature below certifies that I have read the rules for the speech contest and wish for my child to participate in the AAUW Thousand Oaks Speech Trek Contest. In addition, I understand that my child's name and photo may be publicized locally as a contest participant.

Parent/Guardian Signature: _____ Date: _____

Return to Branch Contact: Eloda Linehan

Email: aauwspeechtrekto@gmail.com Phone: (310) 809-0926