

Right to Life of Indianapolis, Inc.

SPEECH CONTEST

2025 CONTEST APPLICATION FORM

(Please type or print)

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Cell Phone () _____

Age: _____ Grade: _____

Email: _____

Parent: _____ Cell Phone () _____

School or Sponsoring Organization: _____

Address: _____

Teacher or Sponsor: _____

Cell Phone: () _____ Email: _____

Must be received by April 1, 2025

RETURN TO: Speech Contest Coordinator
Right to Life of Indianapolis
1060 East 86th Street, Suite 61B
Indianapolis, IN 46240

OR EMAIL TO: life@rtlindy.org

317-582-1526

317-819-5045 fax