

**Right to Life of Indianapolis, Inc.**

# **SPEECH CONTEST**

## **2026 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: \_\_\_\_\_

**Application form must be received by April 1, 2026**

MAIL TO: Speech Contest Coordinator  
Right to Life of Indianapolis  
1060 East 86<sup>th</sup> Street, Suite 61B  
Indianapolis, IN 46240

OR EMAIL TO: [life@rtlindy.org](mailto:life@rtlindy.org)  
317-582-1526  
317-819-5045 fax