## Speech

## OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION PO BOX 14590 OKLAHOMA CITY OK. 73113-0590 Phone 405-840-1116 email: aclaussen@ossaa.com

	il event is approved. (Please p	print or type.)	PRIOR TO T	HE DATE	of the compe	etition.		
I hereby apply for sanction of	f:	,					n:	
Name of Event/Activity:			/	_ Activity:				
To be held on: Month		Date		2(	l) 	Music, Spee	ch, etc.)	
Scheduled to begin at:						conclude at:		
Ũ	a.m.	p.m.					a.m.	p.r
The event will be managed by:								
Name of organization conductir City				to		-	Zin	
Manager:								
We desire to invite schools fro								
	g claice							
Maximum number of schools	which will compete is:							
<ul> <li>Maximum value of awards/typ</li> </ul>	e (if any):				Entry fee	s, (if any):_		
Is this event: <u>Championship_F</u> NoNo		Yes	_No	and/or	<u>Festival</u>	Format	(Rated)?	Yes
Is this event: a qualifying even	nt for further participati	on?	Yes	N	0			
or if participation is found to be 2. Each participant shall be eligible 3. Awards shall be limited to the 4. No entry shall be accepted for received. Agreement: It is agreed to include	e under rules of his or ose permitted by the st or any participant from e on the out-of-state e	her home state ate association any state or s ntry form a stat	association with the mo section not i tement to b	ost restrict included e signed	in the list by the P	of states fr	Superintenden	t that all
students entered are eligible to rep		•						•
Signed:			nistrator)	Official Position:				
(Do not complete beyond this po	ant. Alter completing							
(Do not complete beyond this po		L OF HOST STA	TE ASSOCIA					
					ED).			
recommend that this event be	APPROVA	IONED)	(NOT SA	NCTION			State:	
I recommend that this event be Signature of State Executive: (If the event is sanctioned, the O	APPROVA (SANCT SSAA will send a copy	IONED)	(NOT SA	NCTION	:			
I recommend that this event be Signature of State Executive: (If the event is sanctioned, the O	APPROVA (SANCT SSAA will send a copy he applicant.)	IONED)	(NOT SA	NCTION Date named in	:			
recommend that this event be Signature of State Executive: (If the event is sanctioned, the O the OSSAA will return the form to th	APPROVA (SANCT SSAA will send a copy he applicant.) ENDORS	IONED) y to each state : SEMENT OF IN	(NOT SA association VITED STA	NCTION Date named in	n applicat	ion. If the ev	vent is not sar	nctioned,
(Do not complete beyond this po I recommend that this event be Signature of State Executive: (If the event is sanctioned, the O the OSSAA will return the form to the We ENDORSE; : Any of our schools; S	APPROVA (SANCT SSAA will send a copy he applicant.) ENDORS DO NO	IONED) y to each state ; SEMENT OF IN T ENDORSE;	(NOT SA association VITED STA	NCTION Date named in HAVE	n applicat	ion. If the ev	vent is not sar	ent for
I recommend that this event be Signature of State Executive: (If the event is sanctioned, the O the OSSAA will return the form to the We ENDORSE;	APPROVA (SANCT SSAA will send a copy he applicant.) ENDORS DO NO Schools within forwarded to the event	IONED) y to each state ; SEMENT OF IN T ENDORSE; miles; or that ou manager.	(NOT SA association VITED STA (Specify) _	NCTION Date named in  TES HAVE	n applicat	ion. If the ev	Vent is not sar	ent for