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Last Name		First Name	Middle Initial	Student ID	
Street Address		City		State	Zip
		( ) -	-	( )	-
Email Address		Home Phone Numb	er	Cell Phone Numbe	er
I. Competit	ive Speech a	nd/or Debate Rela	ted Experience	es/Awards	
- (attach addition	al pages, if necessary)		-		
II. Audition	Information				
An audition		rector of the forensics te	eam will contact you	to schedule the au	udition.
An audition i Speech audi 4–7 i	s required. The di tions consist of: minutes of an orig	rector of the forensics te ginal, memorized speech I interpretation performe	i i	to schedule the au	udition.
An audition Speech audi 4–7 I 4–7 I	s required. The di tions consist of: minutes of an orig minutes of an ora	ginal, memorized speech	i i	to schedule the au	udition.
An audition i Speech audi 4–7 i 4–7 i Debate audi	s required. The ditions consist of: minutes of an originates of an oractions consist of a second consist o	ginal, memorized speech I interpretation performe	ed with a script	to schedule the au	udition.

## V. Submission of Form

Email completed form to Mr. Eric Mishne, Forensics Team Coach, at ericmishne@cedarville.edu.