

Florida General Baptist Convention, Inc
Congress Of Christian Education
Oratorical Contest

Elimination Application

Church# _____ **Date** _____

Pastor _____

Coordinator's Name _____

Address _____ **Zip Code** _____

Phone _____ **E-Mail** _____

Division Contestant

Primary Division

Name _____ **City/ School** _____

Junior Division

Name _____ **City/ School** _____

Intermediate Division

Name _____ **City/ School** _____

