

2024-2025 Official Entry Form Voice of Democracy Competition

Must Be Completed by All Contestants

Austin H. Myers
 Name, First, M.I., Last
PO Box 314
 Address
Monroe, GA 30655
 City, State, Zip
706 425-0101 cebjones24@gmail.com
 Phone Email
05/10/09 9th 15 M
 Date of Birth (mm/dd/yy) Grade in School Age Jacket Size
Monroe Country Day School
 School Name, City, State
Tam Arnold parnold@monroe.school
 Teacher's name and Email (if applicable)

To Be Completed by the VFW Post

I certify that this student has an authorized entry in our VFW Post Level Voice of Democracy Competition.

 Post Commander/Chairperson Signature Post #

 VFW Auxiliary President/Chairperson Signature (if applicable)

 Post Address

 City, State, Zip

 VFW Post Email

 No. of students participating _____
 No. of winners advanced to District _____
 Amt. of Post/Aux. scholarship awards \$ _____
 Amt. of Post/Aux. additional expenses (banquet, pins, etc.) \$ _____

To Be Completed by Student's Parent/Guardian

(Required even if student is 18 or over)

Christy B. Jones
 Parent/Guardian Name (Printed)
Christy B. Jones 11/8/24
 Parent/Guardian Signature Date
706 425-0101
 Parent/Guardian Daytime Phone
cebjones24@gmail.com
 Parent/Guardian Email

To Be Completed by the VFW District

I certify that the student named in the previous section is the duly selected winner of the Voice of Democracy Contest District Competition and is our sole entry into the Departments.

 District Chairperson Signature Dist. #

 Address

 City, State, Zip
 () _____
 Phone Email

Participant Agreement for Students Advancing to National Level

If selected as a first-place state winner, I have the consent of my parent/guardian and school to attend the Voice of Democracy National Finals in Washington, D.C. as a guest of the VFW National Organization. In consideration for permission to participate in the National Voice of Democracy Competition ("Competition") I do hereby, for myself, for my heirs, executors, administrators and assignees, waive, release and discharge all rights and claims which I have or which may hereafter accrue against the Veterans of Foreign Wars of the United States (VFW) and/or the Departments (state organizations) of the Veterans of Foreign Wars and their respective officers, agents, successors and assigns from any damages which may be sustained by me in connection with my participation in or association with the Competition and/or arising out of any travel related to the Competition. In the event of sickness, accident or injury in connection with the Competition, I consent to and accept the services of a duly licensed medical, surgical or dental specialist selected on my behalf and for such treatments, as they may deem necessary. I understand that VFW will not be liable for such treatment. I further understand that the Veterans of Foreign Wars of the United States retains non-exclusive rights to use my audio file, essay, name and likeness in the promotion and execution of the organization's programs and activities.

To Be Completed by the VFW Department Chairperson

I certify that the student named in the previous section is the duly selected first-place winner of the Voice of Democracy Department Competition and is our sole entry into the National Judging.

 Department Chairperson Signature
 () _____
 Daytime Phone Email
 The winner has been will be (check one) notified that they are the first-place Department winner on _____.

For assistance contact:
 816.968.1155
 Email: youthsponsorships@vfw.org

I Have Read and Understand the Rules and Participant Agreement

I certify that I am the sole author of the enclosed audio/essay entry and that I have not inappropriately used any AI tools or Chat GPT. I have only entered the competition once yearly if otherwise eligible. I understand that if it is found that I have entered any other Post's competition or used this essay for another VFW competition, I face elimination from the competition and will return any and all prizes or incentives awarded.

Austin Myers
 Signature of Student Participant
11/9/24
 Date

Local VFW Post Information:

Contact: _____
 Phone: _____ Best Time To Call: _____
 Alternate Contact: _____
 Phone: _____ Best Time To Call: _____

