

STUDENT ENTRY FORM

This form shall be returned to the Contest Director

Please type or print clearly

Name: _____	(M / F) _____	Grade: _____
Email: _____		Phone: _____
Address _____		
City/State/ _____	Sponsoring _____	
Zip Code: _____	Chapter _____	
School/ _____	Speech _____	
Home _____	Title _____	
_____	_____	_____

I hereby verify that the above information is true. I will adhere to the rules of the NMA Leadership Speech Contest. I understand that the decision of the judges in placing the contestants is final.

Student's
Signature: _____ **Date** _____

I hereby verify that I am the parent/legal guardian of this student and grant permission for participation in this contest. I understand that the decision of the judges in placing the contestants is final.

Print & Sign: _____ **Relationship:** _____

Date: _____

NOTE: Chapter retains original, mail or fax copy to:
NMA Leadership Speech Contest
2210 Arbor Boulevard Dayton, OH 45439 Fax: 937-294-2374