

CLT LEVEL SPEECH CONTESTANT REGISTRATION FORM

Legal Name of Contestant Male___ Female___	
Home Address	
City/State/Zip	
Home Phone Number	
Email:	
Name of High School	
Grade	
Arrival Date at LDC	
Departure Date	
Number of Guests	
Name of Chaperone (Chaperone must be an adult family member or adult legal guardian)	
East or West CLT	
Chapter/Council Sponsor	
Contact Person	

NOTE: Hotel, transportation and meal expenses are the Chapter/Council responsibility

SUBMIT TO NMA HEADQUARTERS NO LATER THAN TWO WEEKS PRIOR TO CLT

NMA
2210 Arbor Blvd.
Dayton OH 45439-1580
Email: robin@nma1.org

CHAPTER REPRESENTATIVE SIGNATURE:

Print and Sign

*CLT – Chapter Leadership Training

