

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/ Zip Code:	_____	Sponsoring Chapter	_____
School/ Home	_____	Speech 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 to:
NMA Leadership Speech Contest
2210 Arbor Boulevard, Dayton, OH 45439