



NATIONAL FINALS LEVEL SPEECH CONTESTANT REGISTRATION FORM

Legal Name of Contestant		Male	Female
Home Address			
City/State Zip			
Home Phone Number			
Cell Phone Number			
Email (Please Print Clearly)			
Name of High School		Grade	
Name of Chaperone and Cell Number (Chaperone must be an adult family member or adult legal guardian)			
Chapter / Council Sponsor			
Chapter/Council Contact Person & Email			

NOTE: Chapters/Councils are responsible for transportation expenses for their contestant and one chaperone (air fare or mileage); NMA will make hotel reservations at the Annual Conference Site, and cover the cost of one room/two nights as well as a meal stipend for the contestant and guest.

SUBMIT TO NMA HEADQUARTERS NO LATER THAN JUNE 1ST OF CONTEST YEAR

NMA
3055 Kettering Blvd., Suite 210
Dayton OH 45439
Email: abbie.funke@nma1.org

Chapter / Council Representative (Printed Name)

Signature

Date