

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, send to:
NMA Leadership Speech Contest
3055 Kettering Blvd., Suite 210, Dayton, OH 45439
or
Scan and Email to: abbie.funke@nma1.org