STUDENT ENTRY FORM

This form shall be returned to the Contest Director

Name: (M / F) Grade: Email: Phone: Address ity/State/ p Code: School/ School/ Hemo	ease type or print clea	ııy		
Address by/State/ o Code: School/ Home 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.			Grade: _	
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Print & Sign: Relationship:	Leadership Speech contestants is final. Student's	Contest. I understand that t	the decision o	of the judges in placing the
<u></u>	Leadership Speech contestants is final. Student's Signature: I hereby verify that I participation in this	Contest. I understand that t	the decision o	Date
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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