

## Submission of Regional Winner to District 4WT Chair

Name of winner: \_\_\_\_\_

Contact number(s):

Student# \_\_\_\_\_

Parent/Guardian# \_\_\_\_\_

Email Address: print clearly

Student \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Who will be attending the Final Competition at District Conference?

Student (listed above) plus 1 family member or friend. Additional members at their own cost for breakfast.

Name: \_\_\_\_\_

Dietary Restrictions (Y/N) \_\_\_\_\_

Name: \_\_\_\_\_

Dietary Restrictions (Y/N) \_\_\_\_\_

Name: \_\_\_\_\_

Dietary Restrictions (Y/N) \_\_\_\_\_

Name: \_\_\_\_\_

Dietary Restrictions (Y/N) \_\_\_\_\_

Please return to District 4-Way Test Speech Contest Chair no later than May 7, 2021.