

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 2 guests (preferably parents/siblings). Additional guests 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 March 28, 2025.