

STUDENT ENTRY FORM

This form shall be returned to the Contest Director

Please type or print clearly

| | | | |
|----------------------------------|-------------------------------|-------------------------------------|-------|
| Name: | _____ (M / F / N / O) | Grade: | _____ |
| Email: | _____ | Phone: | _____ |
| Address | _____ | | |
| City/State/ Zip Code: | Sponsoring Chapter | 706 - Port of Seattle's NMA 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: _____

Email to Kim.A2@PortSeattle.org