ROTARY SPEECH CONTEST

STUDENT ENTRY FORM

THIS FORM MUST BE COMPLETED AND SIGNED BY EACH STUDENT CONTESTANT

09**-15-**22





Student Name:				Class: F	PLEASE 🗸	FR	JR	
				Age:		SO	SR	
Street Address:								·····
City:				Zip Co	de:			
Name of School:								
Student E-Mail:							•••••	
	Home Phone			Cell Phone:			•••••	
hereby consent to the District Web si years old, my pare Signature of Student	te to publicize th	ne winners and pro	omote fut	ture Rotary Sp	-			
Signature of Parent				 Date				
Retur	n completed fo	orm to school rep	resentat	tive or to rotal	ry@rotary	45.org		
Name of Sponsoring Rotary Club			Club Speech Chair					
Club Mailing Address			Club Speech Chair Phone Number					
			Club Spe	ech Chair E-Mail				