

## 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 family members or friends. Additional members at their own cost for breakfast or lunch.

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 April 19, 2019.