



ROTARY DISTRICT 7360 4-WAY TEST SPEECH CONTEST 2017-2018



Student/Speaker Biography

Name: _____

Grade in School: _____

School Contact Person: _____

Student Email: _____

The following information is not required but helpful if we need to contact you.

Parent(s) or Guardian: _____

Telephone Number: _____

Mailing Address: _____

What are you most interested in (Goals, hobbies, special interests, etc.)?
