



**National Churchill Museum**  
**2014-2015 Annual Winston Churchill Student Speech Competition**

**Zone/State Competition Student Registration Form**

Please print and fill out this form completely. You must present this form at your Zone Competition.

All fields are required.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Home Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Gender:  Male  Female

**School Information**

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Sponsoring Teacher Information**

First & Last Name: \_\_\_\_\_

Subject(s) taught: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**By signing and dating your name below, you pledge that all information submitted is original work and that you will be attending the Zone Competition that corresponds with your location.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring Teacher Signature

\_\_\_\_\_  
Date