

**ROTARY INTERENATIONAL DISTRICT 5300
2009-2010 4-WAY TEST SPEECH CONTEST**

Club Entry Form

Rotary Club: _____

Name of Contestant Chair: _____ Phone #: _____

Snail Mail Address: _____

Email Address (required): _____

Information on Club Contestant:

Date (required): _____ Time: _____ Meal: _____ (yes/no)

Location: _____

Address: _____

_____ Entry Fee of \$275 is enclosed.

Check payable to: Rotary District 5300

Please note: Entry form will not be processed without the check.

Contestant Manual can be downloaded at www.district5300.org and copied.

DEADLINE:

November 30, 2009 – earlier if possible

Return Forms and Fees to:

Kathy Schlotz
918 W Whittier Blvd.
Montebello, CA 90640