



NOMINATION FORM
NAMF SPEECH COMPETITION 2016 **Group B** (Gr. 9-12)

SCHOOL INFORMATION

SCHOOL NAME: _____

ADDRESS: _____ / _____
No Street City/Town

_____ / _____
Province Postal Code

TEL: (____) _____ FAX: (____) _____ EMAIL: _____

PRINCIPAL NAME: _____
First Name Middle Name Last Name

TOTAL # OF STUDENTS ATTENDING YOUR SCHOOL: _____*

*Please include separate nomination forms for each student

STUDENT INFORMATION

NAME: _____
First Name Middle Name Last Name

ADDRESS: _____
No Street Apt #

_____ / _____
City/Town Province Postal Code

TEL: (____) _____ (____) _____ FAX: (____) _____
Home Business

EMAIL: _____ DATE OF BIRTH: _____ / _____ / _____
DD MM YYYY

GENDER: Male _____ Female _____ GRADE ATTENDING: _____

PARENT/GUARDIAN: _____
First Name Last Name

I authorize my child to participate in the NAMF speech competition 2015 as organized by the North American Muslim Foundation. I agree to abide by all rule and regulations as may be established by the NAMF.

PARENT/GUARDIAN: _____ DATE: _____
Signature