



STUDENT ENTRY FORM

(BLOCK CAPITALS)

Name and Address of School		
elephone No.:	Email:	
Name and Address	of Person Responsible for Co	mpetitors
ame:		
lobile No.:	Email:	
2 Name of Student	Y	ear in School
lobile No.:	Email:	
5 Title of Topic		Topic Ref No.
4 Entry form to be se	ent to the Public Speaking Cor	mpetition Organiser
efore: 31st October 2	022 Organiser:	
ddress:		
mail:	Mobile No.	
	mpetition	

Date: to be confirmed



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