



**ROTARY DISTRICT 7360
4-WAY TEST SPEECH CONTEST
2024**



Student/Speaker Biography

Student's Name: _____
[please print clearly]

Grade in School: _____

Name of School: _____

School Contact Person: _____

School Contact Person E-Mail: _____

School Contact Person Phone: _____

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

Parent(s) or Guardian: _____

Parent(s) or Guardian Telephone Number: _____

Parent(s) or Guardian Mailing Address: _____

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