

## Speech Contest

### Chairman's Report Form

Level of Contest ( <i>circle one</i> )	Club	Council	Region
Club Name / Council Number / Region Name / Division Number			
Date of Contest			
Name of Speech Contest Chairman			
Address:			
Telephone:			
Email:			

Number of Contestants entered	
<b>RESULTS: Traditional Contest</b>	
First Place Name:	
Second Place Name:	
Third Place Name:	

<b>RESULTS: Non Traditional Contest</b>	
First Place Name:	
Second Place Name:	

Our Club / Council / Region will be represented by:	
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<i>Please tick/check one of the box/es as appropriate</i>	√
I have attached the Eligibility Statements of the 3 winners in the Traditional Contest	
I have attached the Eligibility Statements of the 2 winners in the Non Traditional Contest	

If any contestant competing at the next level requires special equipment or facility, state requirement/s	
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Signature of Speech Contest Chairman

Should any of this information change,  
please inform the Speech Contest Chairman as soon as possible.