NAWIC CHAPTER SCHOOL PARTICIPATION
ANNUAL RECAP FORM
YEAR: _____

NAWIC Chapter Sponsor – Obtain the following information from each High School and/or College that participated and forward along to NAWIC Regional Chair no later than _____. *(Third Monday in March)*

NEF NAWIC Regional Chair: ***Region:*** _____

Name: _____

Address: _____

Email: _____ *Phone #:* _____

NAWIC Chapter Name/Number: _____

Chapter Chair: _____

Email: _____ Phone: _____

Chapter Participation in Region: **Division:** ____High School ___College

Contestant Name	***Code*** *(as specified on Page DD2-6 of Guidelines)*	***Registered***	***Judged***	***Incomplete (Not Judged)***
	Total Participants:			

(Regional Chair submit this form to the National Chair)