

NAWIC REGIONAL CHAPTER PARTICIPATION Annual RECAP FORM

YEAR: _____ **Division:** ___ High School ___ College

NAWIC Regional Chair/Sponsor - Complete form and forward to the National Chair along with required information (see check list at bottom) by **11:00 PM ET on the First Monday in April.**

NEF National Chair

Name: _____

Address: _____

Email: _____ Phone #: _____

NAWIC Region: _____ Regional Chair: _____

Chapter Name/Number: _____

Email: _____ Phone: _____

Chapter's Participated in Region:		Number of		
		Registered Participants	Judged Entries	Incomplete /Not Judged
Number	Name			
Total Participants:				

(Regional Chair submit this form to the National Chair)