

This Form must be sent with Registration Forms.

EVENTS OF THE HEART AWARD APPLICATION

OPEN U/16
(Please ✓ the appropriate box)

Student's Name:

D.O.B.

School:

Cust. Code:

Please list below all the events that the student is competing in.

Event Number:

Event Name:

If additional space is needed, please use the back of this form.

Please attach statement from Case Manager or Physician to this form

(Supervisor's Signature)

(Date)

This form requires the signature of the Learning Centre Supervisor.

A copy of this form is required to be submitted with Judges Forms and Reports at Convention or to be posted with Early Entry Submissions for all events, including all Exhibits.

RECORD OF ASSISTANCE for EVENTS OF THE HEART			
Event Number:			
Event Name:			
<input type="checkbox"/> OPEN <input type="checkbox"/> U/16 (Please ✓ the appropriate box)			
Student's Name:		D.O.B.:	
School:		Cust. Code:	
Declaration: The "Events of the Heart" Contestant named above is mentally and/or physically challenged to the extent that the student is incapable of entering regular competition.			
List the assistance that the student will receive/has received while performing/preparing for this event:			
(Supervisor's Signature)		(Date)	
This form requires the signature of the Learning Centre Supervisor.			