

2006 Inter-schools Debating Championship

Registration Form

School: _____

Telephone # _____ Fax # _____

e-mail address _____

Particulars of Support Teachers Selected:

NAME OF TEACHER	POSITION	TELEPHONE
1.	Debate Coach	
2.	Moderator	
3.	Judge	

Particulars of participants selected:

NAME OF STUDENTS	FORM/GRADE	BIRTH DATE	TEL #
1.			
2.			
3.			
4.			

Principal

1st Support Teacher

School Stamp

Please complete and fax this document to the
Department of Youth & Sports by Friday 20th January, 2006