



SECONDARY SCHOOLS' DEBATE 2009

REGISTRATION FORM

(PLEASE PRINT INFORMATION)

NAME OF SCHOOL: _____

CONTACT PERSON / COORDINATOR

NAME: _____

TEL NO: _____

FAX NO: _____

EMAIL: _____

DEBATE TEAM:

(1) _____

(2) _____

(3) _____

reserve _____

(return by mail or fax to 436-8364)