

**PROVINCIAL CONCOURS D'ART ORATOIRE
REGIONAL STUDENT PARTICIPATION FORM**

REGION: _____

Please list the names of the students that will be representing the region along with their school name and speech title.

CATEGORY	DIVISION	STUDENT NAME	SCHOOL NAME	SPEECH TITLE
Core French	A			
	B			
Core French Plus	A			
	B			
Late Immersion	A			
	B			
Early Immersion	A			
	B			
Francophone	One Division Only			

Please return this form as soon as possible, but **NO LATER THAN March 30th, 2009** by mail to Canadian Parents for French – NL, P.O. Box 8601, Station A, St. John's, NL, A1B 3P2 or by fax at 579-0833.