FESTIVAL CUP AWARDS
CLUB REPORT TO STATE CHAIRMAN

JR 4-2

Club Year _____
Name of Junior Club _____
Teacher (Counselor) _____
Address _____
Phone (Home) _____ (Cell) _____
Email Address _____
Festival Site (City) _____ District _____

Return no later than January 31 to: Terri Donald 10011 BIA 0231 Philadelphia, MS 39350

Entrant's Name	Grade In School	Points Before This Year	This Year Event	This Year Class	This Year Fees	This Year Rating	Total Points	Cup Earned
					$5			
TOTALS								

Use a second sheet if necessary

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