

NAWIC REGIONAL CHAPTER PARTICIPATION Mid-Year RECAP FORM

YEAR: _____

Regional Administrator/Sponsor - Obtain information from each participating chapter to complete this form and send it to the NEF National Administrator no later than **January 15.**

NEF National Administrator	
Name: _____	
Address: _____	
Email: _____	Phone #: _____

NAWIC Region: _____ Regional Administrator: _____

Chapter Name/Number: _____

Email: _____ Phone: _____

<i>Chapter's Participating in Region:</i>		<i># of Participants</i>	
<i>Number</i>	<i>Name</i>	<i>High School</i>	<i>College</i>
Total Participants:			

(Regional Administrator submit this form to the National Administrator)