NAWIC REGIONAL CHAPTER PARTICIPATION
Annual RECAP FORM

YEAR: _____ **Division:** ___ High School ____ College

NAWIC Regional Administrator /Sponsor - Complete form and forward to the National Administrator along with required information (*see check list at bottom*) by ***11:00 PM ET on the First Monday in April.***

NEF National Administrator

Name: _____

Address: _____

Email: _____ *Phone #:* _____

NAWIC Region: _____ Regional Administrator: _____

Chapter Name/Number:_____

Email:_____ Phone: _____

Chapter's Participated in Region:		***Number of***		
Number	***Name***	***Registered Participants***	***Judged Entries***	***Incomplete /Not Judged***
	Total Participants:			

(Regional Administrator submit this form to the National Administrator)