

NAWIC CHAPTER SCHOOL PARTICIPATION Mid-Year RECAP FORM

YEAR: _____

NAWIC Chapter Sponsor – Obtain following information from each High School and/or College's that are participating – assign participant code and forward to NAWIC Regional Administrator by **January 10**.

NEF NAWIC Regional Administrator: **Region:** _____

Name: _____

Address: _____

Email: _____ *Phone #:* _____

NAWIC Chapter Name/Number: _____

Chapter Administrator: _____

Email: _____ Phone: _____

Participants

Name	Code <small>(as specified on Page DD2-6 of Guidelines)</small>	High School	College
Total Participants:			