INDIVIDUAL SCHOOL PARTICIPATION
Mid-Year RECAP FORM

YEAR: _____

Division: ____ High School ____ College

Sponsor – Complete this form and forward to NEF National Administrator by ***January 15.***

NEF NAWIC National Administrator:

Name: _____

Address: _____

Email: _____ *Phone #:* _____

Sponsor Name: _____

Region: _____ *(Per Map in Guidelines)*

Administrator: _____

Phone: _____ Email: _____

Participants:

Name	***Code*** *(as specified on Page DD2-6 of Guidelines)*
Total # of Participants:	

(Submit this form to the National Administrator)