

District Tournament Registration
Interpretation Bibliography Form



(Please photocopy blank form if additional copies are needed.)

Chapter/School Name		
Association District		
Tournament Location		
Tournament Dates	Start Date	End Date

Event *(select one)* ___ DUO ___ DI ___ HI ___ POI

Contestant's Full Name _____

Title of Cutting _____

Author _____

For Print Publication:

Publisher _____ Date of Publication _____

ISBN *(if available)* _____

For Digital (Online) Publication:

Date the web page was printed _____ URL (web address) of the script's first page, for verification purposes:

Event *(select one)* ___ DUO ___ DI ___ HI ___ POI

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