

This Form must be sent with Registration Forms.

## EVENTS OF THE HEART TROPHY APPLICATION

OPEN       U/14  
 (Please ✓ the appropriate box)

<b>Student's Name:</b>		<b>D.O.B.</b>	
<b>School:</b>		<b>Cust. Code:</b>	

Please list below all the events that the student is competing in.

<b>Event Number:</b>	<b>Event Name:</b>

*If additional space is needed, please use the back of this form.*

*Please attach statement from Case Manager or Physician to this form*

(Supervisor's Signature)	(Date)

This form requires the signature of the Learning Centre Supervisor.

A copy of this form is required to be submitted with Judges Forms and Reports at Convention or to be posted with Early Entry Submissions for all events, including all Exhibits.

## RECORD OF ASSISTANCE for EVENTS OF THE HEART

**Event Number:**

**Event Name:**

OPEN       U/14  
 (Please ✓ the appropriate box)

**Student's Name:**

**D.O.B.**

**School:**

**Cust. Code:**

**Declaration:**  
**The "Events of the Heart" Contestant named above is mentally and/or physically challenged to the extent that the student is incapable of entering regular competition.**

List the assistance that the student will receive/has received while performing/preparing for this event:

(Supervisor's Signature)

(Date)

This form requires the signature of the Learning Centre Supervisor.

