District Tournament Registration
Interpretation Bibliography Form

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

NATIONAL
SPEECH & DEBATE
ASSOCIATION
NATIONAL FORENSIC LEAGUE

Chapter/School Name	
Association District	(Select One)
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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