

**KwanzaaFest/Oncor Encore Great Debate Participant
Information Form**

Name of High School: _____

Mailing Address: _____

Name of Participant/Winner

Mr./Ms.: _____

Age/Grade: _____

Contact Tele No.: _____ E-mail Id: _____

Debate Sponsor/Contact Info

Name: _____

Relationship to Students: _____

E-mail address: _____

Contact Tele No.: _____

Parent/Guardian Contact Info

Name: _____

Relationship to Students: _____

E-mail address: _____

Contact Tele No.: _____

Parental Permission/Authorization

1. I/We hereby permitted the above named student to participate in the KWF/Oncor Great Debate Contest. We agree to abide by all written Great Debate Rules and regulations governing any and all phases of the competition.
2. I/We agree that KwanzaaFest, Oncor Energy or any of their employees or agents of the same will not be held responsible for expenses incurred in attending or participating in this event.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Please return signed form by September 1, 2010 or fax to 214 653-6622.