

**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 Nov.14, 2011 or fax to 214 653-6622.**