

GEPCP

National Memorization Award

Check with your District BQ Coordinator for NMA Deadline

Church Information

Name _____ District _____ Region _____

Address _____
Number Street Apt. City State Zip

Coach Name _____ Phone Number _____ E-mail Address _____
First Last ###-###-####

Quizzer 1

Name _____ Age _____ Grade _____

A League B League (or C, etc.) MSQ Experience

Quizzer 2

Name _____ Age _____ Grade _____

A League B League (or C, etc.) MSQ Experience

Chapter	Date Quoted	Witness' Name
Galatians 1		
Galatians 2		
Galatians 3		
Galatians 4		
Galatians 5		
Galatians 6		
Ephesians 1		
Ephesians 2		
Ephesians 3		
Ephesians 4		
Ephesians 5		
Ephesians 6		
Philippians 1		
Philippians 2		
Philippians 3		
Philippians 4		
Colossians 1		
Colossians 2		
Colossians 3		
Colossians 4		
Philemon		

Chapter	Date Quoted	Witness' Name
Galatians 1		
Galatians 2		
Galatians 3		
Galatians 4		
Galatians 5		
Galatians 6		
Ephesians 1		
Ephesians 2		
Ephesians 3		
Ephesians 4		
Ephesians 5		
Ephesians 6		
Philippians 1		
Philippians 2		
Philippians 3		
Philippians 4		
Colossians 1		
Colossians 2		
Colossians 3		
Colossians 4		
Philemon		

Date quoted in service _____

Sunday Morning Sunday Evening Wednesday Other _____

Signature of Coach _____

Date quoted in service _____

Sunday Morning Sunday Evening Wednesday Other _____

Signature of Coach _____

The signature of the coach below certifies that the person who listened to the student quote for their National Memorization Award has read and abided by all rules. They are a qualified individual of integrity and character and have strictly followed the rules and guidelines set forth for this award. The listener did not allow any cheating or bending of the rules for the student(s) recorded below.

Forms must be typed or completed in blue or black ink.

Mail or fax the completed form to your District Bible Quiz Coordinator by the due date they have established.