

**ENTRY FORM**  
**Nebraska Better Hearing and Speech Month Child Representative**  
**and/or Adult Representative**

Contest Information:

1. To enter, complete this form and return it to NSLHA Office, 455 South 11<sup>th</sup> Street, Suite A, Lincoln, NE 68508-2105.
2. All entries must be received by **NO LATER** than the first Friday in March.
3. NSLHA will have up to three (3) representatives for Better Hearing and Speech Month. On this appointed day a luncheon will be held to honor these representatives. NSLHA will pay for each representative plus two (2) other people of their choice. Others attending with the representative will be obligated to pay for their lunch.
4. There are no age restrictions for the Representative nominees.
5. Nominees must have a significant hearing, speech, and/or language problem.
6. Nominees may be sponsored by parents, spouses, teachers, or professionals in hearing and speech organizations.
7. Entry forms must provide a professional estimate of the degree of hearing and speech impairments.
8. The Child Representative and/or Adult Representative will be used in photographs to promote Better Hearing and Speech Month in Nebraska during the month of May. Expenses incurred for the purposes of public awareness advertising will be supported by Nebraska Speech-Language-Hearing Association. To help cover travel expenses, \$50 will be paid to poster persons to attend functions in Lincoln, if they live more than 200 from Lincoln.
9. All entries become the property of NSLHA and all decisions are final.

This serves as permission for the Child and/or Adult Representatives to be entered in the contest. It must be signed by the nominee or by a parent or legal guardian if the nominee is a minor.

\_\_\_\_\_  
(Signature of nominee, parent, or legal guardian of nominee)

\_\_\_\_\_  
(Date)

## NOMINEE INFORMATION

- 1) Nominee's full name:
- 2) Nominee's date of birth:
- 3) Nominee's address:
- 4) Mother's and father's name if nominee is a child:
- 5) Home Phone:  
Work Phone:
- 6) Name, address, phone number and email of sponsoring organization or individual:
- 7) Professional estimation of nominee's speech and hearing problems:
- 8) Brief description of nominee's communication skills:
- 9) Brief biographical outline of nominee:

**Send entry to: NSLHA Office,  
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