

## **Speech Certification & Documentation Form**

Classification _	Contest
School/City	
Sponsor	
Sponsor Email	
Sponsor Cell	
Student Name	
Title of Selectior	
Author(s)	
	DOCUMENTATION
	☐ ISBN
	Student must supply a copy of at least two of the following:
_	Page
	A copy of the final cutting to be performed is attached.
I certify that I have not us	ed this literary selection at any prior time in my four year high school career for TAPPS competition
I certify that this piece and	d cutting are in keeping with the TAPPS contest rules.
I certify that I understand I	he TAPPS contest rules and the circumstances that may lead to my disqualification.
Student Signature	
· ·	r, I verify that to the best of my ability that the above student has not used this literary selection at er four year high school career for TAPPS competition.
I certify that this piece and	cutting are in keeping with the TAPPS contest rules.
l certify that I understand t	he TAPPS contest rules and the circumstances that may lead to disqualification.
Sponsor Signature	

Please complete all sections and attach signed form to documentation and bring to State Meet.