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FRENCH SPELLING BEE COMPETITION

APPLICATION FORM FOR SCHOOLS

SCHOOL NAME: _____

ADDRESS: _____

CONTACT: _____

EMAIL: _____

CO-ORDINATOR

NAME: _____

EMAIL: _____

PROPOSED DATE: _____

TIME: _____

TICK THE YEAR: 2025 2026 2027 2028 2029 2030

ANY COMMENT: _____

COMPLETED BY: _____

POSITION: _____ DATE: _____

SIGNATURE: _____ SCHOOL STUMP: _____

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