THE 10th ATLANTIC CANADA JAPANESE LANGUAGE SPEECH CONTEST

REGISTRATION FORM

Registration forms must be received by **BOTH the Consulate General of Japan at Montreal and Saint Mary's University by 5:00 p.m. on March 5, 2008.**

1. CATEGORY ☐ Novice ☐Beginners ☐ Intermediates ☐ Advanced ☐ Open

2. NAME (English) _____

(Katakana) _____ (Kanji) _____

AGE _____ **SEX** ☐ M ☐ F

3. ADDRESS _____ Postal Code _____

Tel._____ Fax _____ E-mail _____

4. NAME OF INSTITUTION : _____

NAME OF PRESENT INSTRUCTOR: _____

5 TITLE OF SPEECH (English) _____

(Japanese) _____

6. JAPANESE LANGUAGE STUDY BACKGROUND (please include hours to be taken up to March 16, 2008)

School / Study method	From (month/year)	To (month/year)	Number of hours
		16/03/2008	

7. TIME SPENT IN JAPAN SINCE THE AGE OF SIX

From (month/Year)	To (month/year)	Duration

Total duration: _____ years _____ months _____ days / ☐ not applicable

8. HAVE YOU TAKEN PART IN THIS CONTEST BEFORE?

☐ No ☐ Yes → In which category? ☐ Begin. ☐ Int. ☐ Adv. ☐ Open

I declare that the above information is complete and true.

Date _____ ***Signature*** _____