



# MEMORIZATION AWARD FORM

ROMANS & JAMES



Name of Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
District \_\_\_\_\_ Coach's Name \_\_\_\_\_  
Coach's Phone (\_\_\_\_) \_\_\_\_\_ Coach's Email \_\_\_\_\_

QUIZZER #1				QUIZZER #2			
Name _____				Name _____			
Grade _____ Age _____				Grade _____ Age _____			
<input type="checkbox"/> Championship <input type="checkbox"/> Contender <input type="checkbox"/> XP5				<input type="checkbox"/> Championship <input type="checkbox"/> Contender <input type="checkbox"/> XP5			
Chapter	Date Quoted	Witness' Name		Chapter	Date Quoted	Witness' Name	
Romans 1				Romans 1			
Romans 2				Romans 2			
Romans 3				Romans 3			
Romans 4				Romans 4			
Romans 5				Romans 5			
Romans 6				Romans 6			
Romans 7				Romans 7			
Romans 8				Romans 8			
Romans 9				Romans 9			
Romans 10				Romans 10			
Romans 11				Romans 11			
Romans 12				Romans 12			
Romans 13				Romans 13			
Romans 14				Romans 14			
Romans 15				Romans 15			
Romans 16				Romans 16			
James 1				James 1			
James 2				James 2			
James 3				James 3			
James 4				James 4			
James 5				James 5			
Date Quoted in Service		<input type="checkbox"/> AM <input type="checkbox"/> PM		Date Quoted in Service		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Master Memorization Award earned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time Taken		Master Memorization Award earned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time Taken	
		Date Quoted				Date Quoted	
Signature of coach if Master Memorization Award was earned.				Signature of coach if Master Memorization Award was earned.			