

# 2020 Washington State Chinese Language and Talent Competition

This is to certify that \_\_\_\_\_ (student name) at  
\_\_\_\_\_ (school name) is currently enrolled in the  
Free and Reduced-Price Meal program.

School Administrator or Chinese language teacher:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail the completed form to the following address:

Little Masters Club  
c/o Ms. Lily Yin  
15015 Main Street Ste. 208,  
Bellevue, WA 98007

Or

Please email [CLTC@littlemastersclub.org](mailto:CLTC@littlemastersclub.org) if you have any question.  
Thank you!