

The Gospel of MARK

NATIONAL & MASTER MEMORIZATION AWARD FORM

The signature of the coach (below) certifies that the person who listened to the student quote for their Master Memorization Award has read and abided by all rules. They are a qualified individual of integrity and character and have strictly followed the rules and guidelines set forth for this award. The listener did not allow any cheating or bending of the rules for the student(s) recorded below.

Name of Church _____

Church Address _____

City _____ State _____ Zip _____

District _____ Coach's Name _____

Coach's Phone Number _____ Coach's E-mail Address _____

QUIZZER #1			QUIZZER #2		
Name _____			Name _____		
Age _____		Grade _____	Age _____		Grade _____
<input type="checkbox"/> A League <input type="checkbox"/> B-League (or C, etc.) <input type="checkbox"/> Novice			<input type="checkbox"/> A League <input type="checkbox"/> B-League (or C, etc.) <input type="checkbox"/> Novice		
Chapter	Date Quoted	Witness' Name	Chapter	Date Quoted	Witness' Name
Mark 1			Mark 1		
Mark 2			Mark 2		
Mark 3			Mark 3		
Mark 4			Mark 4		
Mark 5			Mark 5		
Mark 6			Mark 6		
Mark 7			Mark 7		
Mark 8			Mark 8		
Mark 9			Mark 9		
Mark 10			Mark 10		
Mark 11			Mark 11		
Mark 12			Mark 12		
Mark 13			Mark 13		
Mark 14			Mark 14		
Mark 15			Mark 15		
Mark 16			Mark 16		
Date Quoted In Service			Date Quoted In Service		
<input type="checkbox"/> Sunday Morning <input type="checkbox"/> Sunday Evening <input type="checkbox"/> Wednesday			<input type="checkbox"/> Sunday Morning <input type="checkbox"/> Sunday Evening <input type="checkbox"/> Wednesday		
Master Memorization Award Earned?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Master Memorization Award Earned?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Time Taken		Date Quoted		Time Taken	
Signature of coach if Master Memorization Award was earned.			Signature of coach if Master Memorization Award was earned.		

NATIONAL & MASTER MEMORIZATION AWARD FORMS DUE MAY 1, 2009

Forms must be typed or completed in either blue or black ink.

Please return completed form(s) to:

national youth ministries/Bible Quiz • ATTN: Jason Womelsdorf • 1445 North Boonville Avenue • Springfield • MO • 65802

Phone: 417.862.2781, x4034 • Fax: 417.862.1693 • E-mail: bq@ag.org