

YEAR _____ GOLD CUP PROGRAM NCFMC AREA _____ AREA/GOLD CUP CHAIRMAN _____

CHAIRMAN'S ADDRESS _____ PHONE _____ E-MAIL _____

TEACHER	ENROLLMENT #	CHECK AMOUNT	FORM COMPLETE YES/NO	# OF STUDENTS RECEIVING 15 POINT GOLD CUP	# OF STUDENTS RECEIVING 30 POINT GOLD CUP	# OF STUDENTS RECEIVING 45 POINT GOLD CUP	# OF STUDENTS RECEIVING 60 POINT GOLD CUP

(MAKE 2 COPIES : SEND ONE TO GOLD CUP CHAIRMAN AND KEEP ONE FOR YOUR RECORDS.)