## Gospel of John Master Memorization Award

Due March 3, 2011

Church Infor	mation							
Name	me District			Region				
Address	eet Apt.	City	State	Zip				
Coach Name		Phr	ne Number		E-mail Address			
First	Last	I IIC	###-###-####		E-mail Address			
Quizzer 1				Quizzer 2				
Name		Age	Grade	Name		/	\ge	_ Grade
🗆 A League	🗆 B League (or C, e	tc.) 🗆 Middl	e School	🗆 A League	$\Box$ B League (or C,	etc.)	□ Middle S	School
Chapter D	ate Quoted	Witness' Nam	ie	Chapter	Date Quoted	Witne	ss' Name	
John 1				John 1				
John 2				John 2				
John 3				John 3				
John 4				John 4		1		
John 5		İ		John 5				
John 6				John 6		1		
John 7				John 7				
John 8				John 8				
John 9				John 9				
John 10				John 10				
John 11				John 11				
John 12				John 12				
John 13				John 13				
John 14				John 14				
John 15				John 15				
John 16				John 16				
John 17				John 17				
John 18				John 18				
John 19				John 19				
John 20				John 20				
John 21				John 21				
Date quoted in service				Date quoted in service				
□ Sunday Morning □ Sunday Evening □ Wednesday □ Other				_ 🗆 Sunday Morning 🗆 Sunday Evening 🗆 Wednesday 🗆 Other				
Date quoted in entirety Time				Date quoted in entirety Time				
Signature of Coach				_ Signature of Coach				

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.

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

Mail completed form to: national youth ministries, ATTN: Abby Smith, 1445 N. Boonville Ave., Springfield, MO 65802. -0r-

Fax to: 417.862.1693, ATTN: NBQF.