WASHINGTON STATE FORENSICS ASSOCIATION INTERPRETATION COVERSHEET

Event: _____

Student's Name: _____ **School:** _____

District Number: _____ 3A 4A

Selections

TYPE	TITLE	AUTHOR	PUBLICATION INFO

This entry meets all requirements as outlined in the WSFA. I understand that failure to adhere to these requirements shall result in disqualification of this entry.

SIGNATURE OF STUDENT:

_____ **DATE:** _____

SIGNATURE OF COACH:

_____ **DATE:** _____

SIGNATURE OF WSFA DISTRICT CHAIRPERSON:

_____ **DATE:** _____