

Gospel of John

National Memorization Award

Due March 3, 2011

Church Information

Name _____ District _____ Region _____

Address _____
Number Street Apt. City State Zip

Coach Name _____ Phone Number _____ E-mail Address _____
First Last ###-###-####

Quizzer 1 Quizzer 2

Name _____ Age _____ Grade _____ Name _____ Age _____ Grade _____
 A League B League (or C, etc.) Middle School A League B League (or C, etc.) Middle School

Chapter	Date Quoted	Witness' Name	Chapter	Date Quoted	Witness' Name
John 1			John 1		
John 2			John 2		
John 3			John 3		
John 4			John 4		
John 5			John 5		
John 6			John 6		
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 _____

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.

-or-

Fax to: 417.862.1693, ATTN: NBQF.