

2024 Collegiate Discussion Meet Collegiate Advisor Form

NOTE: The information provided in this form must match the information provided on the online 2024 Collegiate Discussion Meet Application found here: <https://forms.office.com/r/51yjFn5GuG>

CDM Contestant Information

Full Name: _____
Date of Birth: _____
Email: _____ Cell: _____
College/University: _____
Major: _____
School Classification: _____
(Freshman/Sophomore/Junior/Senior)

I (the above-named applicant) certify that I have met all the contestant qualifications to participate in this year's Collegiate Discussion Meet.

Applicant Signature: _____

Printed Name: _____

Contestant Advisor Information:

Advisor Name: _____
Advisor Title: _____
Advisor Email: _____
Advisor Ph: _____

I (the above-named advisor) certify that the information above is correct, and that I have verified that the applicant has met all the contestant qualifications to participate in this year's Collegiate Discussion Meet.

Advisor Signature: _____

Printed Name: _____

This form must be filled out in its entirety and emailed to youngfarmers@txfb.org.

The online 2024 Collegiate Discussion Meet Application <https://forms.office.com/r/51yjFn5GuG> must also be filled out in its entirety and submitted. ****Both must be on file to consider the application as complete.****

If you have any questions regarding this form or the contest, please email them to: youngfarmers@txfb.org.