Additional Translation Request Form

Requester:	(print) ☐ Leader ☐ Deputy Leader
Team:	**Signature:**

Request 1

Contestant:	
Language Requested:	
Text direction:	☐ Left-to-Right ☐ Right-to-Left
Approved by:	(Team name) ☐ Leader ☐ Deputy Leader
Name:	(print)
Signature:	

Request 2

Contestant:	
Language Requested:	
Text direction:	☐ Left-to-Right ☐ Right-to-Left
Approved by:	(Team name) ☐ Leader ☐ Deputy Leader
Name:	(print)
Signature:	

Request 3

Contestant:	
Language Requested:	
Text direction:	☐ Left-to-Right ☐ Right-to-Left
Approved by:	(Team name) ☐ Leader ☐ Deputy Leader
Name:	(print)
Signature:	

Request 4

Contestant:	
Language Requested:	
Text direction:	☐ Left-to-Right ☐ Right-to-Left
Approved by:	(Team name) ☐ Leader ☐ Deputy Leader
Name:	(print)
Signature:	