

**NATIONAL AND MASTER
MEMORIZATION AWARD
FORM**

ACTS

Name of Church _____
 Church Address _____
 City _____ State _____ Zip _____
 District _____ Coach's Name _____
 Coach's Phone Number _____ Coach's E-mail Address _____

QUIZZER #1				QUIZZER #2			
Name _____		Grade _____		Name _____		Grade _____	
Age _____		Grade _____		Age _____		Grade _____	
<input type="checkbox"/> Championship <input type="checkbox"/> Contender <input type="checkbox"/> XP5				<input type="checkbox"/> Championship <input type="checkbox"/> Contender <input type="checkbox"/> XP5			
Chapter	Date Quoted	Witness' Name		Chapter	Date Quoted	Witness' Name	
Acts 1				Acts 1			
Acts 2				Acts 2			
Acts 3				Acts 3			
Acts 4				Acts 4			
Acts 5				Acts 5			
Acts 6				Acts 6			
Acts 7				Acts 7			
Acts 8				Acts 8			
Acts 9				Acts 9			
Acts 10				Acts 10			
Acts 11				Acts 11			
Acts 12				Acts 12			
Acts 13				Acts 13			
Acts 14				Acts 14			
Acts 15				Acts 15			
Acts 16				Acts 16			
Acts 17				Acts 17			
Date Quoted In Service				Date Quoted In Service			
<input type="checkbox"/> Sunday Morning <input type="checkbox"/> Sunday Evening <input type="checkbox"/> Wednesday				<input type="checkbox"/> Sunday Morning <input type="checkbox"/> Sunday Evening <input type="checkbox"/> Wednesday			
Master Memorization Award Earned?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Master Memorization Award Earned?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time Taken		Date Quoted		Time Taken		Date Quoted	
Signature of coach if Master Memorization Award was earned.				Signature of coach if Master Memorization Award was earned.			

The District Bible Quiz Coordinator (DBQC) will submit the names of all people, from their district, who have satisfied the above requirements to the National BQ Coordinator at ElliotBQ@gmail.com by May 2, 2025.

Each district can set an earlier deadline for their own district awards.