

**Department of History Education
University of Education, Winneba
Ghana National History Day
Contest Registration Form**

First Name:		Last Name:	
Address:			
Email:			
Education:	Age:	Gender:	
Institution:			
Division (Please Tick One)		<input type="checkbox"/> General Public	
		<input type="checkbox"/> University Student	
		<input type="checkbox"/> Senior High School Student	

Entry Category (Please Tick One)

<input type="checkbox"/> Historical Paper	
<input type="checkbox"/> Individual Exhibit	<input type="checkbox"/> Group Exhibit
<input type="checkbox"/> Individual Performance	<input type="checkbox"/> Group Performance
<input type="checkbox"/> Individual Documentary	<input type="checkbox"/> Group Documentary
<input type="checkbox"/> Individual Webpage	<input type="checkbox"/> Group Webpage

Project Title

Please list the names of other group members (1 – 4 excluding leader) in the spaces below if applicable

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