



JAMAICA DEPOSIT INSURANCE CORPORATION

10TH ANNIVERSARY SECONDARY SCHOOL WEBPAGE COMPETITION

Entry Form (this form must be submitted along with the CD with your design)

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

TEL. # OF SCHOOL: _____ FAX #: _____

NAME OF TEACHER ASSISTING ENTRANT AND SUBJECT TAUGHT:
