

Student Registration Form

Please complete and bring to the registration table on the day of competition.

School District: _____

School Name: _____

School Address: _____

School Phone: _____

E-mail Address: _____

PLEASE CHECK YOUR GRADE LEVEL: Middle (6th, 7th & 8th)

5th & 6th

Coach's Name: _____

Team Name: _____

Team Captain: _____

Team Members: _____
