

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: _____

3rd & 4th Grade Event – Tuesday, May 10, 2016

Coach's Name: _____

Team Name: _____

Team Captain: _____

Team Members: _____

No more than five members per team