

Battle Of The Books Registration Form

Team Name: _____

Captain:

Name: _____

Grade: _____

School: _____

Adult Coach/Contact Person:

Name: _____

Email: _____

Phone: _____

Team Members:

Name: _____

Grade: _____

School: _____

Please note: Email will be the primary form of communication with the adult coach.

Please choose an email that is checked regularly, or indicate that none is available.

Name: _____

Grade: _____

School: _____

Dates that the Team CAN NOT compete:

- Please see schedule of tentative dates
- Acceptable excuses: school event, scheduled family travel, sports game, ect. (we will do our best to accommodate)

Name: _____

Grade: _____

School: _____

Date (s):

Excuse
