

2004 Team Registration Form

Church: _____
 Head Coach: _____

City/State: _____
 Phone: _____

Team 1 Name:

Check appropriate division:			Grade '03-04	Years Quizzed (including '03-04)					
<input type="checkbox"/> S T V A	<input type="checkbox"/> S T V B	<input type="checkbox"/> S T R A			<input type="checkbox"/> S T R B	<input type="checkbox"/> Y T V A	<input type="checkbox"/> Y T V B	<input type="checkbox"/> Y T R A	<input type="checkbox"/> Y T R B
Quizzer's names:									
1									
2									
3									
4									
5									
Coach:									

Team 2 Name:

Check appropriate division:			Grade '03-04	Years Quizzed (including '03-04)					
<input type="checkbox"/> S T V A	<input type="checkbox"/> S T V B	<input type="checkbox"/> S T R A			<input type="checkbox"/> S T R B	<input type="checkbox"/> Y T V A	<input type="checkbox"/> Y T V B	<input type="checkbox"/> Y T R A	<input type="checkbox"/> Y T R B
Quizzer's names:									
1									
2									
3									
4									
5									
Coach:									

Team 3 Name:

Check appropriate division:			Grade '03-04	Years Quizzed (including '03-04)					
<input type="checkbox"/> S T V A	<input type="checkbox"/> S T V B	<input type="checkbox"/> S T R A			<input type="checkbox"/> S T R B	<input type="checkbox"/> Y T V A	<input type="checkbox"/> Y T V B	<input type="checkbox"/> Y T R A	<input type="checkbox"/> Y T R B
Quizzer's names:									
1									
2									
3									
4									
5									
Coach:									

Team 4 Name:

Check appropriate division:			Grade '03-04	Years Quizzed (including '03-04)					
<input type="checkbox"/> S T V A	<input type="checkbox"/> S T V B	<input type="checkbox"/> S T R A			<input type="checkbox"/> S T R B	<input type="checkbox"/> Y T V A	<input type="checkbox"/> Y T V B	<input type="checkbox"/> Y T R A	<input type="checkbox"/> Y T R B
Quizzer's names:									
1									
2									
3									
4									
5									
Coach:									

*QuIC team made up of non-former quizzers.

QUICF Individual Comp: (Former quizzers)

1. _____
2. _____

QUICN Individual Comp: (Not former quizzers)

1. _____
2. _____

How many sets of **WORKING Quiz Seats** will you bring? _____
 (Please bring your broken sets; we will have electricians repairing sets throughout this event.)

Coach's Statement: By signing this statement, I certify that the above information is correct and accurate, and that the teams above are placed in their proper division.

Coach's Name: _____

Signature: _____