

2006 FM BIBLE QUIZ FINALS

Spring Arbor University - June 26-30, 2006

Team Registration Form

Church: _____ City/State: _____

Head Coach: _____ Phone: _____

Team 1 Name: _____

Check appropriate division:	Grade '05-06	Years Quizzed (including '05-06)
<input type="checkbox"/> S <input type="checkbox"/> ST <input type="checkbox"/> ST <input type="checkbox"/> ST <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B		
Quizzer's names:		
1		
2		
3		
4		
5		
Coach: _____		

Team 2 Name: _____

Check appropriate division:	Grade '05-06	Years Quizzed (including '05-06)
<input type="checkbox"/> S <input type="checkbox"/> ST <input type="checkbox"/> ST <input type="checkbox"/> ST <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B		
Quizzer's names:		
1		
2		
3		
4		
5		
Coach: _____		

Team 3 Name: _____

Check appropriate division:	Grade '05-06	Years Quizzed (including '05-06)
<input type="checkbox"/> S <input type="checkbox"/> ST <input type="checkbox"/> ST <input type="checkbox"/> ST <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B		
Quizzer's names:		
1		
2		
3		
4		
5		
Coach: _____		

Team 4 Name: _____

Check appropriate division:	Grade '05-06	Years Quizzed (including '05-06)
<input type="checkbox"/> S <input type="checkbox"/> ST <input type="checkbox"/> ST <input type="checkbox"/> ST <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B		
Quizzer's names:		
1		
2		
3		
4		
5		
Coach: _____		

*QuIC team made up of non-former quizzers.

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: _____