

**33<sup>rd</sup> Commissioner's Academic Challenge**  
**APRIL 19 - 21, 2018**  
**TEAM REGISTRATION FORM**

This form must be completed and returned by **March 16, 2018**. This information may be used by the sponsors and public relations firms to promote the tournament.

Return to: Lisa W. Rawls/Academic Competitions/611 Post Ave. SW/Winter Haven, FL 33880  
OR EMAIL [lisa.rawls@polk-fl.net](mailto:lisa.rawls@polk-fl.net)

*The names of your team members may NOT be changed after March 16.*

**Complete Billing Procedure Form 2 to indicate T-shirt size & special menu requests.**

**Names of team members and coach(es):**

	<u>First Name</u>	<u>Last Name</u>	<u>High School</u>
1 Team Member:	_____	_____	_____
2 Team Member:	_____	_____	_____
3 Team Member:	_____	_____	_____
4 Team Member:	_____	_____	_____
5 Team Member:	_____	_____	_____
6 Team Member:	_____	_____	_____

Coach	_____	Co-Coach	_____
School	_____	School	_____
School Address	_____	School Address	_____
City/State/ <b>ZIP</b>	_____	City/State/ <b>ZIP</b>	_____
School Phone #	_____	School Phone #	_____
Coach's E-mail	_____	E-mail	_____
Coach's Home Address	_____		
Home City/State/ <b>ZIP</b>	_____		
Home or Cellular Phone #	_____		
District Superintendent	_____	Phone	_____