

**INTENT TO HOST A QUESTION WRITING SESSION
2018 STATE ACADEMIC TOURNAMENT –
The COMMISSIONER’S ACADEMIC CHALLENGE**

District _____

Contact Person:

Name: _____

Position: _____

Address: _____

E-mail: _____

Telephone with area code: _____

FAX # with area code: _____

Yes, we are interested in hosting a question writing session.

Check the month *and* day(s) of the week that would be best for your district.

DECEMBER **JANUARY** **FEBRUARY**

Monday Tuesday Wednesday Thursday Friday

Please return this form *or* information to:

Lisa W. Rawls
Academic Competitions
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Winter Haven, FL 33881

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Phone: (863) 298-5713