

SCHOOL DISTRICT: _____

34th Commissioner's Academic Challenge – April 11 - 13, 2019
BILLING PROCEDURE FORM 2

Complete and return by **March 8, 2019.**

PROVIDE NAMES of ALL PAID registrants with designation

(e.g. team member, coach, co-coach, assistant coach, sponsor, chaperone, observer, parent, etc.)

EVERYONE must carry photo identification to scheduled CAC activities in the Convention Center.

Indicate T-shirt size and check appropriate box if a special menu is requested.

	<u>Name</u>	<u>Designation</u>	<u>Vegetarian</u>	<u>Kosher</u>	<u>Size</u>
<u>1</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>2</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>3</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>4</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>5</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>6</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>7</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>8</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>9</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>10</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>11</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>12</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>13</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>14</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>15</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>16</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>17</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>18</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>19</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>20</u>			<input type="checkbox"/>	<input type="checkbox"/>	

Complete and return by **March 8, 2019** to: Lisa W. Rawls
Academic Competitions
611 Post Ave. SW

Winter Haven, FL 33880 or email lisa.rawls@polk-fl.net