

34th Commissioner's Academic Challenge
APRIL 11 - 13, 2019
TEAM REGISTRATION FORM

This form must be completed and returned by **March 8, 2019**. 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

*The names of your team members may NOT be changed after **March 8**.*

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/**ZIP** _____ City/State/**ZIP** _____

School Phone # _____ School Phone # _____

Coach's E-mail _____ E-mail _____

Coach's Home Address _____

Home City/State/**ZIP** _____

Home or Cellular Phone # _____

District Superintendent _____ Phone _____