

School District _____

35th Commissioner's Academic Challenge
APRIL 16 - 18, 2020
TEAM REGISTRATION FORM

This form must be completed and returned by **March 16, 2020** This information may be used by the sponsors and public relations firms to promote the tournament.

Return to: Lisa W. Rawls, Tournament Director/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 16.

Complete Attendee Information Form
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	_____