

2010 POLK COUNTY HIGH SCHOOL ACADEMIC TOURNAMENT

Team Registration Form

Name badges will be made using this information.

School: _____

Coach's Name: _____

PLEASE INCLUDE THE NAMES OF THE COACH OR COACHES WHO WILL BE ACCOMPANYING THE TEAM ON FEBRUARY 17 and/or FEBRUARY 18. IF YOU KNOW THE NAMES OF THE ADMINISTRATORS OR PARENTS WHO WILL ATTEND, PLEASE INCLUDE THEM ALSO.

NAMES OF TEAM MEMBERS – **SIX IS THE ABSOLUTE MAXIMUM**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

COACHES _____
OTHERS _____

Please complete and return by **FEBRUARY 5, 2010** to:

via courier : Lisa W. Rawls
Academic Competitions
Garner Campus – North
Route B

via U.S. mail: Lisa W. Rawls
Academic Competitions
P.O. Box 391
Bartow, FL 33831

FAX: 863-968-5169 or E-Mail: lisa.rawls@polk-fl.net