

State/US Territory: _____

22nd National Tournament of Academic Excellence – June 13-16, 2009
BILLING PROCEDURE FORM 2

Complete and return by **APRIL 24, 2009.**

Names of ALL PAID REGISTRANTS *with designation*
(e.g. team member, coach, co-coach, assistant coach, sponsor, chaperone, observer, parent, etc.)
as they will appear on a photo ID.

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 **APRIL 24, 2009** to: Lisa W. Rawls

Academic Competitions

P.O. Box 391

Bartow, FL 33831-0391 **or** FAX: 863-968-5169

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