

State/US Territory: \_\_\_\_\_

**22<sup>nd</sup> National Tournament of Academic Excellence**  
**June 13-16, 2009**  
**TEAM REGISTRATION FORM**

This form must be completed and returned by **APRIL 24, 2009**.

This information may be used by the sponsors and public relations firms to promote the tournament.

Return to: Lisa W. Rawls/Academic Competitions/P. O. Box 391/Bartow, FL 33831-0391

OR FAX: 863-968-5169 OR E-mail: lisa.rawls@polk-fl.net

*The names of your team members may NOT be changed after MAY 15.*

**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 # ( ) \_\_\_\_\_

School FAX # ( ) \_\_\_\_\_ School FAX # ( ) \_\_\_\_\_

District Superintendent \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Coach's E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Last day of school for teachers \_\_\_\_\_

Summer mailing address \_\_\_\_\_

City/State/**ZIP** \_\_\_\_\_

Home or Cellular Phone # ( ) \_\_\_\_\_