



Central Region Tournament Team Registration

Return this form by 1/20/08to:
Janice Simone
GFJ Elementary School
999Taft Ave
Endicott, NY 13760

*The information on this registration will be used to schedule the team for the Tournament. **PLEASE PRINT.***

School Name: _____ **Membership #:** 134-_____

<p>Challenge: <i>check one</i></p> <p>_____ Challenge A: <i>Obstacles, Of Course!</i></p> <p>_____ Challenge B: <i>Hit or Myth</i></p> <p>_____ Challenge C: <i>DI've Got a Secret!</i></p> <p>_____ Challenge D: <i>Chorific!</i></p> <p>_____ Challenge E: <i>SWITCH!</i></p> <p>_____ Rising Stars!: <i>TwisDid History!</i></p>	<p>Level: <i>check one</i></p> <p>_____ Elementary Level (K – 5th grade) OR <i>No member age 12 by 6/15/08</i></p> <p>_____ Middle Level (6th – 8th grade) OR <i>No member age 15 by 6/15/08</i></p> <p>_____ Secondary Level (9th – 12th grade) OR <i>No member age 19 by 6/15/08</i></p>
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Team Information: *PRINT CLEARLY!*

Team Member	Date of Birth	Grade

If your Rising Stars! team has more than 7 team members list on back & check here

Team Manager	Phone	E-mail

Special Considerations:
Please include information such as a Team Manager with more than one team (list additional team information), a team member or Manager with physical disability, or alternate language preferences other than English. Special schedule consideration needed – be specific about the reason! PLEASE LIST THIS INFORMATION ON BACK OF PAGE.

CHECK HERE IF YOU HAVE LISTED SPECIAL CONSIDERATION NEEDS ON BACK

Volunteer Information: Each team **is required** to provide ONE Appraiser/Tournament volunteer by 2/1/08.

Name: _____

Email: _____ **Phone:** _____

Address: _____

YOUR TEAM SHOULD SUPPLY ONE VOLUNTEER TO HELP AT THE TOURNAMENT!

If you can provide more than one volunteer please list on back & check here