

Registration Form

Academic Triathlon 2013-2014

Student Name _____

Grade _____ Teacher _____

Home Phone _____

Parents' Names _____

Parents' e-mail _____

One meet that my child could participate in would be : Circle
(first choice & 2nd choice)

December January February ANY of them

Parent Volunteers Needed

I need volunteers to come with us to each of the meets and to help when we host the meet here in January. Please consider volunteering for a meet.

_____ I would be able to help with the meets. Please contact me for more information

*Phone or
email* _____

Parent Signature _____

Date _____

RETURN THIS FORM BY **WEDNESDAY, November 6th**