

Please print this form, fill out, scan
and email completed form to:

PandH.Osterlund@gmail.com

North Central District - Crown Invitational

Team Registration

		Team 1	Team 2	Team 3	Team 4
Team	Team Name				
	Church/Group				
	Division				
Coach	Name (First Name)				
	Name (Last Name)				
	Street Address				
	Street Address Line 2				
	City				
	State / Province				
	Postal / Zip Code				
	Country				
	Phone Number				
	E-mail				
Staying on campus (Y/N)					
Assistant Coach	Name (First Name)				
	Name (Last Name)				
	Street Address				
	Street Address Line 2				
	City				
	State / Province				
	Postal / Zip Code				
	Country				
	Phone Number				
	E-mail				
Staying on campus (Y/N)					
Quizzer #1	Name (First Name)				
	Name (Last Name)				
	Gender (M/F)				
	Staying on campus (Y/N)				
	Rookie (1st year quizzer)				
	Age				

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Team Registration

		Team 1	Team 2	Team 3	Team 4
Quizzer #2	Name (First Name)				
	Name (Last Name)				
	Gender (M/F)				
	Staying on campus (Y/N)				
	Rookie (1st year quizzer)				
	Age				
Quizzer #3	Name (First Name)				
	Name (Last Name)				
	Gender (M/F)				
	Staying on campus (Y/N)				
	Rookie (1st year quizzer)				
	Age				
Quizzer #4	Name (First Name)				
	Name (Last Name)				
	Gender (M/F)				
	Staying on campus (Y/N)				
	Rookie (1st year quizzer)				
	Age				
Quizzer #5	Name (First Name)				
	Name (Last Name)				
	Gender (M/F)				
	Staying on campus (Y/N)				
	Rookie (1st year quizzer)				
	Age				
Comments					