

KIDS' LIT QUIZTM

REGISTRATION

- Complete the Registration Form and Participant Acknowledgement and Waiver.
- Return the forms (address is at the bottom of this form) with your payment.

• You may submit a purchase order from	your school as pa	yment or send an in	ndividual check.
Participating School and District		-	
Street Address			
City	State	Zip	
District/School Contact Person:			
Email			
Work phone			
Heat Selection: First Choice	Se	econd Choice	

Registrant	Grade	Age on July	School	Contact
Name		1, 2024		Information
TEAM 1				
1.				
2.				
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4.				
TEAM 2	•			
1.				
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TEAM 3		<u> </u>	•	•
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TEAM 4	!	į		!
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