

Student Participation Form

The Student Participation Form and fees must be postmarked 30 days prior to event.

School _____ Coordinator _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

Coordinator's E-mail Address _____

_____ x _____ = _____
 Number of Entries/Teams Amount per Entry/Team Total Enclosed

(The student participation fee is determined by each regional office. Please send one school check, made payable to ACS!.)

= **Team Entry** **Name(s)** **Title**

Grade 1 (Grade 1 class option) Title _____

1st _____ Title _____

2nd _____ Title _____

3rd _____ Title _____

Grade 2 (Check box for team entries)

1st _____ Title _____

2nd _____ Title _____

3rd _____ Title _____

Grade 3 (Check box for team entries)

1st _____ Title _____

2nd _____ Title _____

3rd _____ Title _____

Grade 4 (Check box for team entries)

1st _____ Title _____

2nd _____ Title _____

3rd _____ Title _____

Grade 5 (Check box for team entries)

1st _____ Title _____

2nd _____ Title _____

3rd _____ Title _____

Grade 6 (Check box for team entries)

1st _____ Title _____

2nd _____ Title _____

3rd _____ Title _____