

TEEN READS TOURNEY

Registration Form

TEAM NAME: _____

The Captain and team members must be available the following dates:

Friday, October 22nd

(Local Tourney or Study Session will be held)

Thursday, November 11th

(Regional Tourney in Watertown)

Teams may register with a minimum of 3 main members and compete with a maximum of 4 members.

Only the names listed on this form are eligible to compete for this team.

1 Teen Captain / Main Team Member:

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

2 Main Team Member:

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

3 Main Team Member:

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

4 Main Team Member:

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

ALT Team Member (optional):

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

Please Note: Email will be the primary form of communication with the teen captain. Please choose an email address that is checked regularly, or indicate that none is available.

**All information is required, unless otherwise stated.
Please return by Friday, October 1st to**

**Amanda @ Flower Memorial Library
229 Washington Street, Watertown, NY
315-785-7715**