AZ / SO. NV CHILDREN'S QUIZZING REGISTRATION FORM

CHURCH NAME: _____ **DATE:** _____

QUIZ DIRECTOR/COACH(s): _____

ADDRESS (H): _____

PHONE [H/W/M]: _____ **e-mail:** _____

_____

REGISTRATION ($3/child) PAID BY: ☐ **Check #** _____ ☐ **Cash** **TOTAL PAID:** _____

CHILD'S NAME	ADDRESS	RED LEVEL	BLUE LEVEL	GRADE