

The Bible Quiz Network Team Registration Form

Return registration by September 26, 2009, to:
 The Bible Quiz Network c/o Bret Deardorff
 25780 CR 28 Goshen, IN 46526
 Or email it to bdeardorff@elkhartchristian.org
 Phone: 574-875-0217

Name of Church, School, Home School Group, Business Sponsor, Neighborhood, Family or Other
 (One organization per form please): _____

Contact Person: _____ Phone: _____

Email: _____ Website: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Registration fees include one set of level appropriate questions per team with permission to copy.
 To encourage multiple teams, fees decrease with more teams.

Fees

Team one	\$80	
Team two	\$80	
Team three	\$60	
Team four	\$60	
Additional teams after four: \$50	@ \$50	
Total Due:		

Make checks payable to:
 The Bible Quiz Network
 Registration fee payments accepted thru
 December without late fees.
 For Registration fees sent after
 December 31st, add \$20 per team.
Register your teams by September 30th.

Quizmasters & Benches

Quizmasters must meet the following requirements to be considered trained and qualified:

1. Attend one training session to be held one hour before meet begins in October and November.
2. Assist an experienced quizmaster for one complete quiz event.
3. Pass a written test on the quizzing rules.

Quizmasters that complete the requirements will receive a stipend of \$10 for regular quizzes (Oct, Nov, Dec, Feb) and \$15 for combined quiz and tournament days (Jan, Mar). The stipends will be provided in cash on the day of the event. Bret Deardorff is coordinating the scheduling of Quizmasters. He can be contacted at 574-875-0217 or bdeardorff@elkhartchristian.org.

	Name	Phone	Email
Quizmaster			
Quizmaster			
Quizmaster			

How many quiz benches can your team(s) bring to a quiz?

Team Name:	# of Benches:
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Team Name: _____

Team Flight Level (circle one): C (K-1) B(2-3) A(4-6) Teen(7-12)

Coach: _____ **Phone:** _____ **Email:** _____

Roster

1.	2.	3.
4.	5.	6.

Team Name:		
Team Flight Level (circle one): C (K-1) B(2-3) A(4-6) Teen(7-12)		
Coach:	Phone:	Email:
Roster		
1.	2.	3.
4.	5.	6.

Team Name:		
Team Flight Level (circle one): C (K-1) B(2-3) A(4-6) Teen(7-12)		
Coach:	Phone:	Email:
Roster		
1.	2.	3.
4.	5.	6.

Team Name:		
Team Flight Level (circle one): C (K-1) B(2-3) A(4-6) Teen(7-12)		
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1.	2.	3.
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Team Name:		
Team Flight Level (circle one): C (K-1) B(2-3) A(4-6) Teen(7-12)		
Coach:	Phone:	Email:
Roster		
1.	2.	3.
4.	5.	6.

Please make copies of this form for additional teams.