

**FAYETTE COUNTY INTERSCHOLASTIC
2009 READING COMPETITION
Wednesday April 25, 2009**



TEAM REGISTRATION FORM
(All Teams must register to compete)

School District: _____

School Building: _____

Address: _____

Contact Person(s): _____

School Phone Number: _____ School Fax Number: _____

email: _____

Send to: Uniontown Public Library
Dianne McFeaters
24 Jefferson Street
Uniontown, PA 15401
FAX 724-439-5689 PHONE 724-437-1165

TEAM NAME: _____

TEAM NAME: _____

Team Coach: _____

Team Coach: _____

Phone: _____

Phone: _____

*****PLEASE NOTE THAT IF YOUR SCHOOL ENTERS MORE THAN ONE TEAM, YOU WILL BE ASKED TO PROVIDE AN ADDITIONAL ADULT WHO CAN ACT AS MODERATOR OR SCOREKEEPER FOR ANOTHER TEAM. IF YOU ARE ENTERING MORE THAN TWO TEAMS, PLEASE COPY THIS FORM AS NEEDED.**

Team member names:

When you have your list of team members, please FAX it to **724-439-5689**.

Reminder: no more than 8 students per team and no more than two alternates.

Are there any members of the team who are physically challenged or on medication? YES NO

Type of assistance needed: _____

ENTRY DEADLINE is March 31st