

JUNIOR QUIZ **REGISTRATION FORM**

Year _____

(Check One) Under-9 [] Under-11 []
 (Check One) Regional [] National []
 (Check One) Qualified [] Placement 1st [] 2nd [] 3rd [] 4th []

Church _____ Phone Number _____

Address _____

Pastor _____

Quizzers: (Minimum 2, Maximum 5)

Registered

Confirmed

NAMES	D.O.B		
_____	_____	[] Reg [] National	[] Reg [] National
_____	_____	[] []	[] []
_____	_____	[] []	[] []
_____	_____	[] []	[] []
_____	_____	[] []	[] []

Coaches: (maximum two) please note that only ONE coach can play in each tournament.

Name:	Phone:		
_____	_____	[] Reg [] National	[] Reg [] National
_____	_____	[] []	[] []
_____	_____	[] []	[] []

Assistant Coaches: (maximum two) please note that only ONE assistant can play in each tournament.

Name:	Phone:		
_____	_____	[] Reg [] National	[] Reg [] National
_____	_____	[] []	[] []
_____	_____	[] []	[] []

Address to which Tournament information should be sent: _____

Please enclose registration fee and return TWO WEEKS before the tournament.

National Sunday School Department
 UPCJ Headquarters
 45 Eastwood Park Road
 Kingston 10

NOTE:

IT IS THE RESPONSIBILITY OF EACH TEAM TO SEE THAT THIS REGISTRATION FORM AND THE FEE IS SENT TO THE DEPARTMENT ON TIME.