

Bible Quizzing Registration

General Information

QUIZZER #1

Full Name: _____

Date of Birth: _____ Current School Grade: _____ T-Shirt Size: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

People you would like to have on your team: _____

QUIZZER #2

Full Name: _____

Date of Birth: _____ Current School Grade: _____ T-Shirt Size: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

People you would like to have on your team: _____

QUIZZER #3

Full Name: _____

Date of Birth: _____ Current School Grade: _____ T-Shirt Size: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

People you would like to have on your team: _____

QUIZZER #4

Full Name: _____

Date of Birth: _____ Current School Grade: _____ T-Shirt Size: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

People you would like to have on your team: _____

Bible Quizzing Agreement

“We agree to make our best attempt to attend all practices and quizzes. We agree to make our best attempt to follow the given study schedule and make studying a part of our regular routine.”

Please have all involved parties (parents and quizzers as applicable) sign and print names below - signifying agreement to the above statement:

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____