

TEEN READS TOURNEY Registration Form

TEAM NAME: _____

LIBRARY: _____

Important Dates:

Teen Read Week (Oct 17 – 21)
(Local Tourney or Study Session will be held)

Friday, November 11th
(Regional Tourney in Watertown)

*Teams may register with a minimum of
3 main members and compete with a
maximum of 4 members.*

*Only the names listed on this form are
eligible to compete for this team.*

1 Teen Captain / Main Team Member:

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

2 Main Team Member:

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

3 Main Team Member:

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

4 Main Team Member:

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

ALT Team Member (optional):

Name: _____

Grade: _____

School: _____

Email: _____@_____

Phone: _____ (cell or home)

Please Note: Email will be the primary form of communication with the teen captain. Please choose an email address that is checked regularly, or indicate that none is available.

**All information is required, unless otherwise stated.
Form must be submitted by Friday, October 7th
to your participating public library.**

Once submitted, changes cannot be made.