

Form
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of 3

TEAM ROSTER & REGISTRATION FORM

2009 Kansas Academic Decathlon
Hosted by Kansas State University

YES! We would like a tour of campus.
 No, Thank You.

PLEASE TYPE OR PRINT.

Name of High School

Enrolled in Your School

Address of School (*Street Address, City, State and Zip*)

High School Principal's Name

Principal's Signature

TEAM COACHES

Coach #1

Email Address

Preferred Mailing Address (*Street Address, City, State and Zip*)

Home Phone

Work Phone

Coach #2

Email Address

Preferred Mailing Address (*Street Address, City, State and Zip*)

Home Phone

Work Phone

Return this form by FRIDAY, 12/12/08 ** LATE OR INCOMPLETE FORMS WILL NOT BE ACCEPTED! **
TO: Kansas Academic Decathlon
KSU - Office of Student Life
102 Holton Hall
Manhattan, KS 66506-1303
FAX: 785-532-5307

****There is a maximum of 3 students allowed per category and a maximum of 12 to a team****

REGULAR Student's Name (Please Print)	Category	GPA	Grade Level	Shirt Size	Special Needs - Circle all that apply and describe in the box provided below.
	HONOR				Testing Medical Vegetarian
	HONOR				Testing Medical Vegetarian
	HONOR				Testing Medical Vegetarian
	SCHOLASTIC				Testing Medical Vegetarian
	SCHOLASTIC				Testing Medical Vegetarian
	SCHOLASTIC				Testing Medical Vegetarian
	VARSITY				Testing Medical Vegetarian
	VARSITY				Testing Medical Vegetarian
	VARSITY				Testing Medical Vegetarian

ALTERNATE Student's Name (Please Print) May be more than one alternate per category	Category (Circle One)	GPA	Grade Level	Shirt Size	Special Needs - Circle all that apply and describe in the box provided below.
	Hon Schol Var				Testing Medical Vegetarian
	Hon Schol Var				Testing Medical Vegetarian
	Hon Schol Var				Testing Medical Vegetarian

Coach(es) Name (Please Print)	Shirt Size	Special Needs - Circle all that apply and describe in the box provided below.
		Medical Diet Vegetarian
		Medical Diet Vegetarian
		Medical Diet Vegetarian

Name of person w/Special Need (print)	Description of Special Need(s)

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TEAM REGISTRATION COST SHEET
2009 Kansas Academic Decathlon
Hosted by Kansas State University

Name of High School _____

2009 TEAM REGISTRATION COSTS

(Calculate using the team option that applies to your school)

	UNIT AMOUNT	AMOUNT DUE
→ Team Registration 6 or more students	\$ 250.00	\$ _____
→ Team of 5 or fewer students	\$35 per student - \$35 X _____	\$ _____
→ First Time Team - New School	\$ 0 <i>Waiver must be pre-arranged through Megan Clark</i>	\$ _____

MEAL COSTS

Includes Friday Pizza Social, Continental Breakfast, Saturday box lunch, and Awards Banquet.
All coaches and students must pay the total meal cost fee of \$25.00

_____ Coaches X \$25	\$ _____
_____ Students X \$25	\$ _____
Banquet Fee _____ Parents x \$20	\$ _____

T-SHIRT

FREE! Thanks to the generous sponsorship of **GTM Sportswear** of Manhattan. **\$ 0**
Please list coach and student sizes on the "Team Roster and Registration" Form #2

EARLY BIRD DISCOUNT?

Subtract **\$50 only** if you submitted your "Intent to Participate" Form #1 by **10/10/08**. \$ _____

TOTAL AMOUNT DUE \$ _____

Attach or Fax the copy of the Purchase Order Request or list PO Number here _____

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