

Cedine Quiz Tournament Registration Form: Area Coordinator \_\_\_\_\_

Please Mark Your Participants for the Upcoming Quiz Address \_\_\_\_\_  
(Make extra copies if needed)

Return With \$15 Registration fee per team to: Phone & E-mail \_\_\_\_\_  
(\$10 if registered the Monday before the quiz)

Cedine Ministries, Attn: Quiz Tournament 333 Cedine Camp Road, Spring City, TN 37381

List of possible table officials & and job experience (ie Name, QM, SK, MJ)

1. \_\_\_\_\_ (circle experience) Quiz Master, Score Keeper, Material Judge
2. \_\_\_\_\_ (circle experience) Quiz Master, Score Keeper, Material Judge
3. \_\_\_\_\_ (circle experience) Quiz Master, Score Keeper, Material Judge
4. \_\_\_\_\_ (circle experience) Quiz Master, Score Keeper, Material Judge

Total number of everyone coming from your area including spectators \_\_\_\_\_

	CHAIR #	QUIZZERS FULLNAME
Church's Name _____	1	
Team's Division _____	2	
Team's Name _____	3	
Coach's Name _____	4	
Coach's Address _____	5	
Phone & E-mail _____		

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