**This form, $100 fee, and T-shirt payments are due for teach team on Saturday, Jan 24, 2015.**

E-mail forms to ([nancyjfarley@gmail.com](mailto:nancyjfarley@gmail.com)), bring forms to Super Instant Challenge Saturday,

or mail forms and payment to Nancy Farley, J.S. Clark Magnet School, 1207 Washington Street, Monroe, LA 71201

Membership or School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Challenge name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport (DI membership) number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Challenge age level (circle one) RS EL ML SL UL

Rising Stars (RS), Elementary (EL), Middle School (ML), High School (SL), College (UL)

**Team Registration and State Competition T-Shirt Order Form**

Team Managers’ names & cell phone numbers Circle T-shirt sizes

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ S M L XL 2X 3X

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ S M L XL 2X 3X

Team Managers’ e-mail(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team members’ names Age Grade Circle T-shirt sizes

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ YS YM YL S M L XL 2X 3X  
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ YS YM YL S M L XL 2X 3X  
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ YS YM YL S M L XL 2X 3X 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ YS YM YL S M L XL 2X 3X

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ YS YM YL S M L XL 2X 3X

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ YS YM YL S M L XL 2X 3X

7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ YS YM YL S M L XL 2X 3X

Additional shirts ordered (parents, siblings, etc., indicate number by sizes)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | YS | YM | YL | S | M | L | XL | 2X | 3X |
| Number: |  |  |  |  |  |  |  |  |  |

Indicate TOTAL number of T-shirts ordered for this team, parents & supporters, by size below. Multiply the number of shirts in each size to get cost subtotals and totals.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | YS | YM | YL | S | M | L | XL | 2X | 3X |
| Cost Ea. | $15 | $15 | $15 | $15 | $15 | $15 | $15 | $17 | $17 |
| Number: |  |  |  |  |  |  |  |  |  |
| Subtotal: |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Total cost** | $ |

Total cost of this team’s order (total for all sizes):

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Number:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Challenge Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Needs Accommodations and Scheduling Requests**

Describe accommodations needed for team members/managers with medical or motor limitations, hearing/vision impairment, and/or learning exceptionalities that may affect team members’ participation in the tournament. Give as much detail as you feel is necessary to make the appraisers aware of the needs, but do not list the names of particular students with disabilities to ensure confidentiality. Special needs accommodations entered on this form will be made at the tournament.

List any scheduling requests (such as team managers who have more than one team) on this form as well. LADI will attempt to incorporate scheduling requests listed on this form, but they will only be granted if the overall tournament schedule allows.

Clearly describe requests on the bottom of this sheet and staple it to the first page. If no accommodations are required, return only page 1 of this form.

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