

Green Eggs and Hammond Academic Tournament

Registration Form and Invoice

School Name: _____

Coach's Name: _____

Email Address: _____

Team Registration (Enter information in lined areas for calculation)

Team One	_____	x \$40	0
Team Two	_____	x \$35	0
Team Three	_____	x \$35	0

Buzzer Sets

Total buzzer systems	_____	x (-\$10)	0
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Total Registration Fees

Note: Minimum registration is \$20/team

_____	0
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Please mail your registration fee to

Hammond High School Academic Team
C/O Bob Jenkins
8800 Guilford Road
Columbia, Maryland 21046

Registration may be brought to the tournament, January 10, 2004. If you have any questions, please contact Bob Jenkins at bob_jenkins@hcpss.org.