

# Texas Academic Pentathlon

**Registration Form**

**Competition Year** \_\_\_\_\_

**Seventh Eighth**

(circle grade)

School \_\_\_\_\_

District \_\_\_\_\_

Street Address \_\_\_\_\_

City / Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Coaches \_\_\_\_\_

Email address \_\_\_\_\_

School Principal \_\_\_\_\_

Please register \_\_\_\_\_ team(s) @ \$500 per team. The school colors which will be used to designate the team names for two team entries are

\_\_\_\_\_ and \_\_\_\_\_

## ***Important Dates***

Team Registration Deadline

January

Coaches' Clinic

Coordinator's Discretion

Student Registration Deadline

April

Competition Day

End of April

Entry Fee Refund Deadline

Two weeks prior to competition

Please duplicate this form to enroll other schools in your district. Checks should be made payable to the **TEXAS ACADEMIC DECATHLON** and may be sent later, but the **Registration Form** should be sent as soon as possible:

### **Texas Academic Decathlon**

1819 N. Main Avenue, Mailbox 621, San Antonio, TX 78212-4299

For additional information please contact the State Office

Rick Hopkins, Executive Director

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