



The Links, Incorporated
Tacoma Chapter

Spelling Bee Registration Form

To Coaches: Please complete the following information for each registrant representing your organization and obtain signatures from the parent/ guardian and registrant. You may duplicate this form for additional registrants.

Coach or Designee **Organization** **Phone No.**

Registrant's Name **Address including Zip Code** **Phone No.**

School **Age (12-18) or Grades 6- 12** **Grade**

Parent/Guardian **Address including Zip Code** **Phone No.**

Parent/Guardian E-Mail Address **Coach's E-Mail Address**

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As a COACH, I have read the rules set forth for the spelling bee and I am committed to assisting the registrant in successfully competing in the spelling bee.

Signature _____ Date _____

As a REGISTRANT, I have read/heard the rules set forth for the spelling bee and I am committed to excelling in the spelling bee.

Signature _____ Date _____

As a PARENT/GUARDIAN, I have read the rules as set forth for the spelling bee. I give permission for my child (registrant) to participate in the spelling bee and for The Links Incorporated, Tacoma Chapter to use photos of my child in the promotion of this program.

Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ Date _____

Date Registration Received _____ By _____

Please circle Registrant T Shirt size M L LL OTHER _____