**Mid-Atlantic District Quizzing Registration**

**2017-2018 Quiz Year**

**Church Name & City:**

**Head Coach:**

**Coach’s Phone #:** **Email:**

**Number of Teams:** The registration fee is $60 for the first team and $30 for the second team. The third and all subsequent teams are free.

**Number of Quizzers\_\_\_\_\_\_\_\_** there is a national registration fee of $5 per quizzer.

**Registration fee is: \_\_\_\_** (Please make checks payable to Mid-Atlantic District of the CMA)  **\_\_\_\_\_\_\_I­­’ll bring the payment to the first Quiz Meet.** **Mail to:** Nels Anderson

**\_\_\_\_\_\_\_I’ll mail the payment to you.**  16501 Redland Rd. Derwood, MD 20855

**Please email completed form to** **DACquizzing@mac.com** **by 1 September.**

\*for team naming guidelines please see the [MAD Rule Addendum](http://madquizzing.weebly.com/uploads/3/7/1/1/37119145/mad_bible_quizzing_rules_addendum.pdf)\*

**Team #1:**

**Team Name:**

**Coach’s Name:**

**Coach’s Phone #: Email:**

**Quizzers**

**Name: Grade: Rookie: Name: Grade: Rookie:**

**Name: Grade: Rookie: Name: Grade: Rookie:**

**Name: Grade: Rookie:**

**Team #2:**

**Team Name:**

**Coach’s Name:**

**Coach’s Phone #: Email:**

**Quizzers**

**Name: Grade: Rookie: Name: Grade: Rookie:**

**Name: Grade: Rookie: Name: Grade: Rookie:**

**Name: Grade: Rookie:**

**Team #3:**

**Team Name:**

**Coach’s Name:**

**Coach’s Phone #: Email:**

**Quizzers**

**Name: Grade: Rookie: Name: Grade: Rookie:**

**Name: Grade: Rookie: Name: Grade: Rookie:**

**Name: Grade: Rookie:**