

2019
Central Region Competition—April 10, 2019
Team Member Information Form
Information Deadline—March 20, 2019

(Please Print or Type)

List of team members names, shirt sizes, gender, race and grade need to be submitted 3 weeks prior (March 20th) to the competition date (April 10th).

Team Name: _____ County: _____

Team School, Club or Organization: _____

List of Team Members Please Print or Type

Shirt Size	Name	Gender	Race	Grade
(Alt)				

Note: 1 Alternate must be listed and will be the only person allowed to replace a team member without approval. If more than one replacement is needed, this must be presented to the Committee (Tina Dulaban--Chairperson) and approval made by the committee 1 week prior to the event.

Please Print

Team Advisor: _____ Cell Phone #: _____

Team Advisor Signature: _____ Date: _____

Please email completed list to tina.dulaban@swcd.mo.gov by March 20th.