



BCDI

Black Child Development Institute
GREENSBORO

**2014 Black History Quiz Bowl
Team Registration**

PLEASE PRINT LEGIBLY

ADVISOR NAME:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

EMAIL: _____

TEAM NAME: _____

Please indicate the number of teams being registered: _____

Please check or indicate which team is being registered:

MIDDLE SCHOOL: _____

HIGH SCHOOL: _____

NAME OF MEMBERS

MIDDLE SCHOOL TEAM

HIGH SCHOOL TEAM
