

**2018-2019 Lawrence County Spelling Bee  
Registration Form for Local District Winners  
Spelling Bee---December 5, 2018**

**You may mail or FAX to: 740-532-7226      Attention: Julie Walters**

**Each district may only send two participants for the bee**

*Please use dark marker if form is FAXed*

District: \_\_\_\_\_ School Phone: \_\_\_\_\_

**District Bee Contact:** \_\_\_\_\_ **Cell phone of district contact:** \_\_\_\_\_

**Please complete the following information and return no later than  
November 19, 2018.**

**Participant 1:**

**Student Name:** \_\_\_\_\_ **T-shirt size** \_\_\_\_\_

**School:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Names of Parents (Guardians):** \_\_\_\_\_

**Does this student require any accommodations?** \_\_\_\_\_

**If yes, please list** \_\_\_\_\_

**Participant 2:**

**Student Name:** \_\_\_\_\_ **T-shirt size** \_\_\_\_\_

**School:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Names of Parents (Guardians):** \_\_\_\_\_

**Does this student require any accommodations?** \_\_\_\_\_

**If yes, please list** \_\_\_\_\_