



5th
Annual National
QUIZ on Quality Assurance in **2017**
Higher Education and Training

TEAM ENTRY FORM

PLEASE FILL IN ALL FIELDS. DEADLINE FOR SUBMISSION: FRIDAY, JUNE 16, 2017.

SCHOOL INFORMATION

NAME OF SCHOOL: _____
ADDRESS: _____
_____ EDUCATION DISTRICT: _____
TEL: _____ E-MAIL: _____ FAX: _____
TEACHER/COACH: _____
COACH'S (MOBILE) CONTACT: _____
COACH'S E-MAIL: _____
NAME OF PRINCIPAL: _____
PRINCIPAL'S E-MAIL: _____ SIGNATURE*: _____
SCHOOL STAMP*:

STUDENT INFORMATION

TEAM MEMBER 1

NAME: _____
CLASS/FORM: _____ AGE: _____ GENDER: _____

TEAM MEMBER 2

NAME: _____
CLASS/FORM: _____ AGE: _____ GENDER: _____

TEAM MEMBER 3

NAME: _____
CLASS/FORM: _____ AGE: _____ GENDER: _____

ALTERNATE TEAM MEMBER 1

NAME: _____
CLASS/FORM: _____ AGE: _____ GENDER: _____

ALTERNATE TEAM MEMBER 2

NAME: _____
CLASS/FORM: _____ AGE: _____ GENDER: _____

MEAL PREFERENCES AND ALLERGIES

Please indicate numbers required for Meat, Fish and Vegetarian, respectively: M: _____ F: _____ V: _____

If there are any food allergies among team members, do inform us!

*** No form will be accepted without the Principal's signature and school stamp.**