

ELEVATE 2010
INDIVIDUAL QUIZZING REGISTRATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE (HOME): _____

PHONE (CELL): _____

EMAIL: _____

DISTRICT: _____ **CHURCH:** _____

GENDER:

MALE _____

FEMALE _____

QUIZZING ABILITY (CHECK ONE):

BEGINNER _____

INTERMEDIATE _____

EXPERT _____

NOTE: SEND THIS REGISTRATION FORM AND INDIVIDUAL QUIZZING REGISTRATION FEE (\$25) IN ALONG WITH CHURCH REGISTRATION SHEET. REGISTRATION FEE TO BE INCLUDED WITH ONE CHURCH CHECK.

SOUTHWEST REGION
500 E. NORTH AVENUE
LOMPOC, CA 93436
ATTN: CHARLES BRODHEAD