



2019-2020 Registration Form

Mail or fax your registration forms to:
Minnesota District Council
1315 Portland Ave S., Minneapolis, MN 55404
Fax: 612-332-2510

REGISTRATION FEE: \$60 for the 1st team \$35 for each additional team
A \$10 late fee applies to all registrations postmarked after October 7, 2019.

_____ Fees are waived for churches that have not participated in the last few years.

_____ Our church is interested in teaming up with another church that is already doing quizzing.

CHURCH NAME: _____

CITY: _____

COORDINATOR/HEAD COACH: _____

E-MAIL ADDRESS: _____

PHONE: _____ Cell: _____

TEAM REGISTRATION FOR THE SEASON:	
ROOKIE _____	EXPERIENCED _____

ALL-STATE KICK-OFF PARTY ATTENDANCE ON OCT 26TH:	
TEAMS: ROOKIE _____	EXPERIENCED _____
PEOPLE: ADULTS _____	KIDS _____

FOR DISTRICT OFFICE USE ONLY		
First Team @ \$60	= \$ _____	Amount Paid \$ _____
Additional Teams ____ x \$35	= \$ _____	Date Paid _____
\$10 Late Fee (if applicable)	= \$ _____	Check # _____
Total Amount Due	= \$ _____	Balance _____