State Meet Contestant Information Form

(To be completed by every contestant. Please print.)

Event:		Year: 2015					
Conference:	□ 1A □ x	□ 2A		3A	☐ 4A		<u>□</u> 6A
Region:	∐ I	∐ II		III	☐ IV		
Classification:	Freshman	Sophomo	ore \square	Junior	Senior		
Contestant							
Full Name:							
α 1 1	School City:						
Home Address:	City/Zip:						
Cell Phone:							
Home Phone:							
Have you ever attended a UIL Super Conference?					Yes No		o
Where?							
Have you competed at UIL Academic State Meet before?					Yes	No	
Have you placed at UIL Academic State Meet before?					Yes	No	
If yes, please give year(s), events(s) and place(s)							
		Co	ach				
Name:							
Cell Phone:							
Home Phone:							
		For Tournam	nent/Offic	ce Use			
Contestant's Code #:							
		1			4		
		2			5		
		3			6		