

SPELLING BEE REGISTRATION FORM

3 Spellers per Team - Team Fee: \$300

Deadline for Entry: Wednesday, March 8, 2012

Please complete ALL info!

Join us at the BEE on
Thursday, March 8th!

TEAM NAME: _____

Team Captain: _____

Address: _____

City, State & ZIP: _____

Phone: _____ Email: _____

Business/Organization: _____

Speller 2: _____

Address: _____

City, State & ZIP: _____

Phone: _____ Email: _____

Business/Organization: _____

Speller 3: _____

Address: _____

City, State & ZIP: _____

Phone: _____ Email: _____

Business/Organization: _____

METHOD OF PAYMENT:

Check Enclosed (please make payable to Orchard Place)

Visa Mastercard

Credit Card # _____ Exp. Date: _____

Signature _____

Please Bill Us (invoice will be sent to your Team Captain)

Our Team is Being Sponsored

Sponsor Name: _____

Address: _____

City, State & ZIP: _____

Phone: _____ Email: _____

Amount of Sponsorship: _____

Check Enclosed

Please Bill Our Sponsor

Mail/fax/email registration from & entry fee to:

Orchard Place
Attn: Lindsey Qualley
925 SW Porter Ave.
Des Moines, IA 50315

Fax: 515.287.9695
Email: lqualley@orchardplace.org