



Team Registration Form – Competition II

Date: _____

Name of school: _____

Teacher's Name: _____
Name

E-mail Address

Work Phone Number

Cell Phone Number

2nd Teacher's Name: _____
Name

(Optional)

E-mail Address

Work Phone Number

Cell Phone Number

Number of Teams: _____ (limit 6 students/team and 6 teams/school)

Team Name(s): 1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Please submit your registration form by **Wednesday, October 19, 2011**, via fax (318-759-1622), e-mail (joann.marshall@cyberinnovationcenter.org), or mail (Cyber Innovation Center, 6300 East Texas St., Suite 100, Bossier City, LA 71111).

The **non-refundable** entry fee of **\$25 per team** is also due by **Wednesday, October 19, 2011**, and should be mailed to the Cyber Innovation Center (6300 East Texas St., Suite 100, Bossier City, LA 71111). **Please make checks payable to Cyber Innovation Center.**