

UTAH ACADEMIC DECATHLON

VERIFICATION OF 2009-2010 COMPETING HIGH SCHOOL TEAM

**TO BE COMPLETED BY THE HIGH SCHOOL TEAM COACH
OFFICIAL TRANSCRIPTS MUST ACCOMPANY THIS FORM**

School District _____ Superintendent _____

School _____ Enrollment _____

Address _____ City _____ Zip _____

Principal _____ Phone _____

Coach(es) _____

Email _____ Phone (home) _____ FAX _____

Did you attend a District Competition? yes/no _____ Location _____ How many schools? _____

Did you attend a Region Competition ? yes/no _____ Location _____ How many schools? _____

The United States Academic Decathlon as well as the Utah State Academic Decathlon does not discriminate on the basis of race, creed, national origin or handicap. If a student has a handicapping condition that requires special assistance, the student's coach must inform the competition director in writing by completing the [SPECIAL NEEDS FORM](#). Student # _____ (listed below) will need special assistance or accommodations

Please type or print the name of team members on the following lines. The student number represents the GPA category and determines the order of participation in the SUPER QUIZ. (V7, V8, V9, S4, S5, S6, H1, H2, H3)

TEAM ROSTER	NAME	GPA	T-Shirt Size
HONOR	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
SCHOLASTIC	4. _____	_____	_____
	5. _____	_____	_____
	6. _____	_____	_____
VARSITY	7. _____	_____	_____
	8. _____	_____	_____
	9. _____	_____	_____

COACH(ES) Name _____ M/F Years Coaching _____ T-Shirt Size _____
 Name _____ M/F Years Coaching _____ T-Shirt Size _____

I have attached a pronunciation guide for student(s) # _____ (listed above).

Mail this form, \$300 participation fee & official transcripts to:
 Utah Academic Decathlon
 Ed Rogers
 Dixie Applied Technology College
 46 S 1000 E
 St. George, UT 84770
 (435) 652-7729