

**VERMONT PRINCIPALS' ASSOCIATION**  
REGISTRATION FORM FOR REGIONAL SPELLING COMPETITION  
2011

Name of Supervisory Union: \_\_\_\_\_

*Our superintendency, including private schools, officially designates as our representative in the VPA State Spelling Competition the following school:*

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Telephone Number of School: \_\_\_\_\_ Team Grade Level: \_\_\_\_\_

Contact Person (Coach): \_\_\_\_\_

\*\*Spelling Coach email: \_\_\_\_\_

Emergency Telephone Number (Coach-Home): \_\_\_\_\_

Principal - Home Phone Number: \_\_\_\_\_

School Fax Number: \_\_\_\_\_

IS YOUR SCHOOL WILLING TO HOST A REGIONAL CONTEST IN 2011?

YES \_\_\_\_\_ NO \_\_\_\_\_

This form must be faxed to 802-229-4801 NO LATER THAN 4:00 P.M. ON OCT. 14 th.  
(confirm receipt by telephone call to VPA @ 229-0547)

**ANY OTHER METHOD OF DELIVERY IS AT THE RISK OF THE SENDER.**

**SCHOOLS WITH LATE APPLICATIONS WILL BE ASSESSED A \$100 LATE FEE. APPLICATIONS RECEIVED AFTER OCTOBER 14 th MAY BE ACCEPTED ONLY IF THE REGIONAL COMPETITION HAS TEAM SPACE AVAILABLE WITHOUT ADDING ANOTHER COMPETITION.**

YOUR TEAM MEMBERS (PLEASE TYPE OR PRINT ALL OF THE NAMES TO ENSURE CORRECT SPELLING!)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Signature of Principal \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_