



Chapter Information

University _____ Date _____
 Chapter Advisor _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ Fax _____
 Email _____

Team Registration Information

For 2015, there will be no charge for teams to register to participate in the Academic Bowl.

Number of Teams One Two

Number of Alternates One Two

*Please note that alternates may only be substituted prior to the start of competition at the Annual Meeting.

Meeting Registration Information

Number of Student Meeting Registrations _____ @ \$20 = _____

*Please complete the information on page two of the registration form for each student.

Payment Information

Total \$ _____

Check (Drawn on U.S. bank payable to AAEA)

Credit Card

Card Number _____

Expiration Date _____

Name on Card _____

Card Holder Email _____

AAEA
 Attn: Academic Bowl Entry
 555 East Wells St, Suite 1100
 Milwaukee, WI 53202
 Fax (414) 276-3349

If you have any questions, please contact Sarah Kenner at skenner@aaea.org or (414) 918-3190.

Student Registration Information

Please complete the following information for each student being registered for the Annual Meeting

Name _____

Address _____

Address _____

City, St, Zip _____

E-mail _____

Phone _____

Name _____

Address _____

Address _____

City, St, Zip _____

E-mail _____

Phone _____

Name _____

Address _____

Address _____

City, St, Zip _____

E-mail _____

Phone _____

Name _____

Address _____

Address _____

City, St, Zip _____

E-mail _____

Phone _____

Name _____

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City, St, Zip _____

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Phone _____

Name _____

Address _____

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City, St, Zip _____

E-mail _____

Phone _____

Name _____

Address _____

Address _____

City, St, Zip _____

E-mail _____

Phone _____