



Chapter Information

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

Team Registration Information

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 _____ @ \$40 = _____

*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 Vanessa Nicholas at vnicholas@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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Name _____

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City, St, Zip _____

E-mail _____

Phone _____

Name _____

Address _____

Address _____

City, St, Zip _____

E-mail _____

Phone _____