



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 _____ @ \$50 = _____

*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 Jessica Weister at jweister@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 _____

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 _____