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| Battle of the Books Trivia Team Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Grade |  |
| **Book you would most like to be the expert for:** |
| First Choice |  |
| Second Choice |  |
| Third Choice |  |

## Availability

### Will you be able to attend the Battle of the Books Event on June 1st from 5:30 to 9:00 pm?

|  |  |
| --- | --- |
| Yes | No |
|  |  |
|  |  |

## How many of the BoB books have you already read? If less than 10, do you plan to read more?

### Explain:

|  |
| --- |
|  |

## Contact Information

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| --- | --- |
| What is the best way to contact you? Please provide a phone number or e–mail address. |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a team member, I will be expected to study up on the book that I am “expert” in and will do my best to read all ten books on the BoB list before the event.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |