

Quiz Bowl Information Form

Your School is sponsoring a Quiz Bowl and is requesting assistance from ESU #11 Gifted Dept. Please provide us with the following information:

School:

Name of Quiz Bowl:

Level of Quiz Bowl:

Elementary (5-6) Jr. High/Middle (7-8) Sr. High (9-12)

Date of Quiz Bowl: Time:

Contact Person: E-mail:

of teams attending

Please list teams:

If you do not know team names at this time, please let Danita know as soon as possible (dgeising@esu11.org). We need team names to order questions and prepare bracket.

Do you need Tim Burke as a Procedural Judge at your Quiz Bowl?

Yes No

Number of sites you plan to use at your Quiz Bowl: 1 2

Which of following would you like ESU #11 to provide:

Lockout System Scoreboards (electronic)

Bracket Team Nameplates Position Numbers

Questions How many copies?

Questions should be sent to: Name:

Address:

City, State, Zip:

Other requests:

Please mail, e-mail or fax this form to:

ESU #11

Attn: Danita

P. O. Box 858

Holdrege, NE 68949

Fax #: 308-995-6587

E-mail: dgeising@esu11.org