



25th ANNUAL
WAYNE COUNTY ROTARY ~~SPELLING BEE~~
BEE-CATHLON
a literacy challenge event
2024



TEAM REGISTRATION FORM

Team Name: **(Print or Type)** _____

Contact Person: _____

*(will receive contest materials and be responsible for **distributing** them to Team members)*

Address: _____

Telephone Number: _____

Email: _____

Indicate Team Division: Adult Youth Family

For a Team to qualify for the Youth category, *all* members must be 18 years old or younger. A Family team must have at least 1 child or youth and 1 adult over 18 years old.

Names of Team Members: **(Type or Print Clearly)**

1. _____ 3. _____

2. _____ 4. _____

On the day of the final event, Two (2) persons will be sufficient to represent a team.

Sponsor Name: _____

Address: _____

Telephone Number: _____

Email: _____

Be creative in naming your team. Make it fun! If you are representing a Business or Organization, you may wear any type of shirt, uniform, hat, etc. to the final event to identify your sponsor (and possibly earn bonus points).

General rules will be mailed to the Contact Person upon receipt of the Registration Form and \$100.00 Fee.

*The Bee-Cathlon Guidebook will be mailed to the Contact Person on Monday, April 1, 2024
or may be picked up at the Literacy Volunteers office by appointment on Wednesday, April 3, 2024.*

Please return your Registration Form with your \$100.00 Registration Fee as early as possible, but no later than **March 22nd, 2024**. **TO:**

Literacy Volunteers of Wayne County
Attn: Chris Edgar
P.O. Box 408
Lyons, NY 14489

Thank You For Your Support !

Make checks payable to: **Literacy Volunteers of Wayne County**