



New Jersey District Bible Quiz TEAM REGISTRATION

INSTRUCTIONS: Forms must be typed or printed in black or blue ink. Please register each team with a separate form. Team **rosters can be changed until District Finals**. **A CHECK MUST BE INCLUDED WITH YOUR TEAM REGISTRATION.** Please make all checks payable to **NEW JERSEY DISTRICT or NJAG** and write **TEEN BIBLE QUIZ** in the memo line of your check. Registration will be \$95 for the first team and \$70 for each additional team from that church. **Early Registrations* are due by September 6, 2013.**

***Any registrations received after that time will result in a late fee of \$25 per team.**

TEAM INFORMATION

Division Registration: A League (*All Books*) [Grade 6-12] Middle School League (*1/2 Thess/1/2 Tim/Titus*) [Grade 6-8] New Jersey League (*1/2 Thess/1/2 Tim/Titus*) [Grade 6-12]

Team Number Registration: This is the 1st (\$95), 2nd (\$70), 3rd (\$70), 4th (\$70) team in this division that I am registering.

Team Experience: Two or more years One year First year team First year team with no knowledge of Bible Quiz

TEAM NAME (Can be the name of the church. Please designate different team names-creativity allowed-when registering multiple teams in the same division.)

COACH NAME

COACH E-MAIL ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

COACH DAYTIME PHONE NUMBER

COACH EVENING PHONE NUMBER

COACH FAX NUMBER

ASSISTANT COACH #1 NAME

ASSISTANT COACH #2 NAME

Future correspondence should be mailed or e-mailed to the: Coach Church Both

Please sign me up for Coach's Connection, the bi-monthly e-newsletter from the national Bible Quiz office. Yes No

CHURCH INFORMATION

CHURCH NAME

PASTOR NAME

STREET ADDRESS

CITY

STATE

ZIP

CHURCH PHONE NUMBER

CHURCH FAX NUMBER

CHURCH E-MAIL ADDRESS

PAYMENT INFORMATION

Included with this team form is a registration fee of: \$95 \$70 Combination check for multiple teams totaling \$ _____



PARTICIPANT INFORMATION

Please complete the information below for each quizzer on your team. The grade and date of birth for each student is required by the national Bible Quiz office.

TEAM MEMBER #1 NAME	GRADE	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	E-MAIL ADDRESS		

TEAM MEMBER #2 NAME	GRADE	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	E-MAIL ADDRESS		

TEAM MEMBER #3 NAME	GRADE	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	E-MAIL ADDRESS		

TEAM MEMBER #4 NAME	GRADE	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	E-MAIL ADDRESS		

TEAM MEMBER #5 NAME	GRADE	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	E-MAIL ADDRESS		

TEAM MEMBER #6 NAME	GRADE	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	E-MAIL ADDRESS		

FORMS DUE BY SEPTEMBER 6, 2013

Please mail completed forms and registration checks to
Praise Assembly (Attn: Jesse Czubkowski) | P.O. Box 206 | Garfield, NJ 07026
Questions: Call 973-452-3711 or email njbiblequiz@gmail.com