



ENTRY FORM



TEAM NAME: _____

TOWN: _____

Team participants: A minimum of 3 and maximum of 6 participants per team

| | NAME | SURNAME | AGE | *RESPONSIBILITY | SIGNATURE |
|----|------|---------|-----|-----------------|-----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

**Negotiate and decide as a team your individual member functions and responsibilities. Make sure these are based on personal strengths, interests and abilities.*

Contact person's name: _____

(Must be someone within the group with his or her contact number and email address.)

Telephone/Cell number: _____

Email Address: _____

Hand in your entry form at your local library drop box or school.

****NO LATER THAN Friday 21 June 2019**

We'll send you an email to confirm your teams registration.