SENIOR ENTRY FORM
Mid-Atlantic 4-H Avian Bowl Challenge Entry Form

FORMS WILL NOT BE ACCEPTED WITHOUT COMPLETE BIRTH DATE
FOR EACH MEMBER AND COACH CONTACT INFORMATION

Entries must be postmarked by March 15th, 2014
Registration Form should be sent to:
Dr. Brigid McCrea, Cooperative Extension, 1200 N. DuPont Hwy., Dover, DE 19901.

☐ Junior Team: All individual must be 13 years or younger on January 1, 2014.

☐ Senior Team: All individuals must be 14 to 18 years by January 1, 2014.

State ____________________________________________________________
Team One name _________________________________________________

Team members' names: Month/day/year
1. __________________________________________________ Birth date ________
2. __________________________________________________ Birth date ________
3. __________________________________________________ Birth date ________
4. __________________________________________________ Birth date ________
Alternate ____________________________________________________ Birth date ________

Coach: _______________________________________________________
Name, Address
______________________________________________________________
City, Zip, Phone #

Team Two name _______________________________________________
Team members' names: Month/day/year
1. __________________________________________________ Birth date ________
2. __________________________________________________ Birth date ________
3. __________________________________________________ Birth date ________
4. __________________________________________________ Birth date ________
Alternate ____________________________________________________ Birth date ________

Coach: _______________________________________________________
Name, Address
______________________________________________________________
City, Zip, Phone #