

# ***Oregon Battle of the Books Team Application***

*(Return to Mrs. Fransen by November 1st)*

**Student Name:** \_\_\_\_\_ **Advisory** \_\_\_\_\_

**Team Members:** 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Only 4 team members to a team. If a member drops the team another student must be added to the team. Only a 4-person team can compete in the battles. January 16, 2017 is the last day to revise team members.**

***All teams will demonstrate character and good sportsmanship. Win with grace and lose with dignity.***

**I give permission for my student to participate in 2016-2017 Oregon Battle of Books. I am aware transportation will be needed for the regional championship.**

**Parent/Guardian -- Print Name** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## **Parent/Guardian Volunteers Appreciated**

Yes, I would love to help with this program, please contact me

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Gardiner MS Coordinator: Mrs. Fransen**

**503.785.8184**

**lori.fransen@orecity.k12.or.us**

# Oregon Battle of Books

## Grade Check

Student Name: \_\_\_\_\_

You must maintain good academic standing (C's or better) to participate in Oregon Battle of Books.

Period	Subject	Grade	Teacher Signature	Comments
1				
2				
3				
4				
5				
6				
7				
8				

**Return completed form to Mrs. Fransen in the Library by Friday Nov 4<sup>h</sup>.**