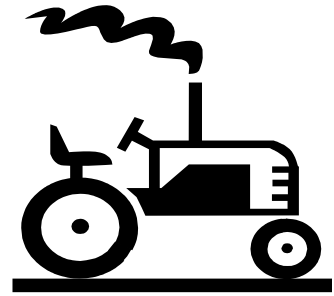


**Holstein Foundation  
Ayrshire  
Quiz Bowl Contest  
Junior Team Entry Form**



*All teams must designate a team captain and coach. Entry forms must be received prior to **June 1<sup>st</sup>**.*

**TEAM NAME** \_\_\_\_\_ **TEAM CAPTAIN** \_\_\_\_\_

**TEAM COACH:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**TEAM MEMBERS:**

**Name** \_\_\_\_\_

**Name of Parents** \_\_\_\_\_

**Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name of Parents** \_\_\_\_\_

**Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name of Parents** \_\_\_\_\_

**Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name of Parents** \_\_\_\_\_

**Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**ALTERNATES:**

**Name** \_\_\_\_\_

**Name of Parents** \_\_\_\_\_

**Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name of Parents** \_\_\_\_\_

**Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

Quiz Bowl entries must be forwarded to:

Holstein Foundation  
ATTN: Kelli F. Dunklee  
P.O. Box 816, Brattleboro, VT 05302-0816

