

SOAr District Quizzer Information Sheet.

Student Information:

Name: _____

Church _____

Home: _____

Age: _____

Grade: _____

Quiz _____

Teams _____

Name: _____

Are there any allergies we should know about when making the meals for quizzes.

Team Information:

Coach _____

Name: _____

Coach _____

Email _____

Address: _____

Church _____

Address: _____

General Information:

How long have you been quizzing? _____

What is your favorite part of quizzing? _____

