



## NEW MEXICO BATTLE OF THE BOOKS

**Please print out and complete the form below and mail with your payment of \$20.00 for one team to:**

**Lori Phipps  
New Mexico Battle of the Books  
CC Snell Middle School  
PO Box 729  
Bayard, NM 88023**

**REGISTRATION MUST BE POSTMARKED BY APRIL 20, 2011.**

**REGISTRATION POSTMARKED AFTER APRIL 20th WILL BE RETURNED TO THE SENDER. WE WILL NOT ACCEPT LATE REGISTRATIONS.**

**NO PURCHASE ORDERS WILL BE ACCEPTED FOR REGISTRATION. PLEASE SEND CHECK OR MONEY ORDER MADE OUT TO NEW MEXICO BATTLE OF THE BOOKS. YOUR RECEIPT WILL BE IN YOUR AWARDS PACKET AT THE BATTLE.**

**Registration and Volunteer Information 2012 Battle of the Books**

Adult Chaperone Name \_\_\_\_\_

Library name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Work \_\_\_\_\_ Home \_\_\_\_\_

Fax Number \_\_\_\_\_

Sponsor's e-mail address \_\_\_\_\_

Grade levels Library serves \_\_\_\_\_

My team will be competing at the following level: Elementary \_\_\_\_\_ Middle \_\_\_\_\_

I verify that each of these participants has read at least **ten (10)** of the books.

\_\_\_\_\_ Sponsor's signature

Please list your team member information:

NAME	GRADE	GENDER
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) Alternate _____	_____	_____

We will try to place the alternates during the team balancing process prior to the first round.

Please inform us of any changes that you become aware of prior to the Battle.  
Comments regarding any special needs of team members:

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**Volunteer Information**

It takes approximately 100 volunteers the day of the event. If everyone provides at least one volunteer and they all come to the event, we can conduct a successful Statewide Battle. Thank you for providing a minimum of one volunteer!

Volunteer information:

Name\_\_\_\_\_ School or Library\_\_\_\_\_

Address\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail\_\_\_\_\_

Preference: Reader\_\_\_ Timer\_\_\_ Whatever is needed\_\_\_

Prior Experience: Yes\_\_\_ No\_\_\_

Child is participating: Yes\_\_\_ No\_\_\_