

# MIDDLE SCHOOL READING BOWL TEAM APPLICATION FORM

Please make sure to fill out the front and back!

Student First & Last Name: \_\_\_\_\_

Grade Level (circle): 6    7    8

Which day can you attend? (circle): Tuesday    Wednesday

How many books are you realistically willing and able to commit to reading out of the 10 on the list? \_\_\_\_\_

What other teams/clubs/sports/etc are you part of?

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Why do you want to be on the Reading Bowl team?

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List 3 characteristics you possess that you think will make you a great member of the Reading Bowl team.

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By signing this application, you agree that, if chosen, you will commit to attend team practices at least once a week. You also commit to reading and re-reading the assigned books, learning the story, and being ready to create and answer questions. You also agree not to sign up for any other sports or teams that conflict with Reading Bowl. Please sign and date this form if you accept all of these terms.

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Student Name (signed)

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Date

Parents, by signing this form, you acknowledge that your student will have extra reading material outside of their normal course load. You acknowledge that your student will have to travel for competition if they are chosen for the main team. You also agree that if you choose to travel with us, you will be a silent spectator, as we may be disqualified if parents or coaches talk to the players during a round.

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Parent Name (signed)

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Date