

PAGE GEORGIA ACADEMIC DECATHLON

Preliminary Team Roster Verification

System _____

School _____

Coach _____

E-mail address _____

(school)

(home)

Fax number _____

TEAM ROSTER

NAME

Estimated GPA

HONOR

1.

2.

3.

SCHOLASTIC

4.

5.

6.

VARSIITY

7.

8.

9.

ALTERNATES

lpf lecvg likely division H (Honor), S (Scholastic) or V (Varsity)

H S V

10.

H S V

11.

H S V

12.

**Please send this completed form along with the Intent to Participate Form no later than
January 20, 2012 to:**

Michelle Crawford / PAGE GAD / 645 Old Summerville Rd NW / Rome GA 30165

Fax: 770/216-9672

Questions? Call Michelle Crawford at 404-414-3041 / or email at

mcrawford@pagefoundation.org.