

2017-2018 Sign-up Sheet

Name: _____

Grade: _____ Teacher: _____

My child has permission to participate in Battle of the Books. This may include spending time away from the classroom to practice with their team.

(PARENT SIGNATURE)

(PROVIDE EMAIL IF YOU WOULD LIKE PROGRAM UPDATES)

We need parent volunteers to work with teams starting in November and to help with the battles in March. If you would like to volunteer for either or both, please provide your contact information below.

Name: _____

Phone: _____ Email: _____