



# 2012 Japan Wizards Statewide Academic Team Competition

February 25, 2012 at Kapiolani Community College

## TEAM REGISTRATION FORM

Please mail, fax, or email registration form by Friday, November 18, 2011 to:

Japan-America Society of Hawaii

P. O. Box 1412 Honolulu, Hawaii 96806-1412

Phone: 524-4450 Fax: 524-4451

Email: [ksoma@jashawaii.org](mailto:ksoma@jashawaii.org) Website: <http://www.jashawaii.org>

School \_\_\_\_\_

Principal \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Total # of Teams Entered: \_\_\_\_\_

# of Neighbor Island Tickets Requested: \_\_\_\_\_ Closest Airport \_\_\_\_\_

Team Advisor (Mr. Mrs. Ms.) \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ T-Shirt Size (circle one) S M L XL XXL

Level (circle one): A B      Is this a Filler Team (circle one): Yes No

1. Captain: \_\_\_\_\_  
Language \_\_\_\_\_  
Level: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
(1, 2, 3, 4) (S, M, L, XL, XXL)

2. Member: \_\_\_\_\_  
Level: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

3. Member: \_\_\_\_\_  
Level: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**SCHOOL CERTIFICATION:** I have read the Rules and Information handout. To my knowledge, the above information is accurate. These students meet the eligibility requirements and are allowed to compete in Level \_\_\_\_\_ on February 25, 2012 in the 2012 Japan Wizards Statewide Academic Team Competition.

Teacher's Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** Registration confirmation will be sent to the team advisor by email or fax. If you are entering more than one team, please make additional copies of this form to submit. All forms **MUST BE SIGNED AND DATED.**

**FOR NEIGHBOR ISLAND TEAMS ONLY:** The Transportation Security Administration (TSA) now requires that all passengers provide their name (as it appears on a government issued I.D.), gender, and birthdate (mm/dd/yyyy) at the time of booking the reservation and in order to check in and obtain a boarding pass. Please provide the following information, which will be kept confidential and used for the sole purpose of booking your team's neighbor island airfare.

	First	Middle	Last	(M/F)	(mm/dd/yyyy)
<b>1. Captain:</b>	_____	_____	_____	<b>Gender:</b> _____	<b>Birthdate:</b> _____
<b>2. Member:</b>	_____	_____	_____	<b>Gender:</b> _____	<b>Birthdate:</b> _____
<b>3. Member:</b>	_____	_____	_____	<b>Gender:</b> _____	<b>Birthdate:</b> _____
<b>4. Advisor:</b>	_____	_____	_____	<b>Gender:</b> _____	<b>Birthdate:</b> _____