



KCEA BIBLE QUIZ STATE TOURNAMENT REGISTRATION FORM

Year _____

School Name _____

School City _____

Contact Person _____ Phone _____

Email _____

“BASED UPON THE INFORMATION THAT WE HAVE RECEIVED FROM KCEA,
PLEASE REGISTER THE FOLLOWING TEAMS:

(Please enter a number as appropriate.)

WE WISH TO ENTER THE FOLLOWING JUNIOR HIGH TEAM(S) _____

WE WISH TO ENTER THE FOLLOWING SENIOR HIGH TEAM(S) _____

For the purpose of food preparation, we hereby notify you that we anticipate bringing about
_____ parents and friends to observe and encourage.”

Known food allergies of attendees: _____

COST PER TEAM = \$40.00
(Please make checks payable to KCEA.)

Shirley Clater
Keystone Christian Education Association
6101 Bell Road
Harrisburg, PA 17111-3817
Email: sclater@kcea.com
Phone: (717) 564-1164
Fax: (717) 564-1163

**Form must be postmarked 14 days before the Quiz date.
The “Part-Time Student Eligibility Confirmation Form”
Must Accompany This Registration.**