

Battle of the Books Student Application 2017-2018

There is a \$10 fee to join this club, to cover shirts & supplies. Please turn in your \$10 with your application

The Battle of the Books is a motivational and comprehensive reading program which provides a fun environment while encouraging students to read good books. Each school sponsors teams of 6-7 students that read and discuss 20 books through the academic year. Students quiz each other on the content and compete with students on other teams in their school. The team who wins at the school level will advance to the regional competition.

The goals of the program are to broaden reading interests, increase reading comprehension, and promote academic excellence. In addition, Battle of the Books fosters fair competition and encourages team building skills. If you are interested in competing in this year's Battle of the Books, please complete this application.

Name: _____ Grade: 7 8 Student ID: _____

Preferred Sponsor: _____ T-Shirt Size: XS S M L XL
(Leave blank if no preference)

Rock Time Teacher: _____ English Teacher: _____

Team meetings will be held at least twice a month. Days of the week will be determined by your sponsor, and will be held on days that have after school buses. Circle the day(s) that you are available to meet.

Mondays

Wednesdays

Thursdays

Any Day

Student team members are expected to attend each meeting, contribute to group discussions, be responsible with books loaned to them from the team, and have good sportsmanship. In the space below, please explain why you believe you would be a good team member for Battle of the Books. Use the back if you need additional space.

Parents, please fill out the section below.

Parent/Guardian Name: _____ Email: _____

Phone Number: _____ I prefer to be contacted by: phone email

I acknowledge that I am responsible for arranging transportation for my student after team meetings and to/from competitions. Also, if my child loses any of his/her team's books while the book is signed out to my child, I agree to pay for the cost of replacement.

Parent Signature

Today's Date

Please return this application NO LATER THAN Wednesday, September 20 to the Library.

School Use ONLY	
Paid Y N	Sponsor Assigned: