



*The University of Mississippi*

## **The University of Mississippi 2008 Brain Brawl Tournament Registration Confirmation**

In order for us have certain necessary information about your school and coaching staff, please return this information form **ASAP** by mail, fax or e-mail to:

mail : Gregory Earnest  
Academic Competitions Coordinator  
Post Office Box 9  
University, MS 38677-0009

email : gaearnes@olemiss.edu  
fax : 662-915-1535 -- preferred

School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & ZIP \_\_\_\_\_

School Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Coach's Name \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Coach's E-mail Address \_\_\_\_\_

Other Coach \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Number of Teams: \_\_\_\_\_ Est. Number of Competing Students: \_\_\_\_\_

Est. Number of Non-Competing Students: \_\_\_\_\_

Other Pertinent Information:

Please remit \$25.00 for each team that has been accepted into the tournament. Make all checks payable to The University of Mississippi, and mail to the address given above.

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Students on Team "A":

_____ Captain	_____ T-shirt size
_____	_____ T-shirt size
_____	_____ T-shirt size
_____	_____ T-shirt size
_____	_____ T-shirt size
_____ Alternate 1	_____ T-shirt size
_____ Alternate 2	_____ T-shirt size
_____ Alternate 3	_____ T-shirt size
_____ Alternate 4	_____ T-shirt size

Students on Team "B":

_____ Captain	_____ T-shirt size
_____	_____ T-shirt size
_____	_____ T-shirt size
_____	_____ T-shirt size
_____ Alternate 1	_____ T-shirt size
_____ Alternate 2	_____ T-shirt size
_____ Alternate 3	_____ T-shirt size
_____ Alternate 4	_____ T-shirt size