



Sound Learning's 28th Annual Spring Spell-E-Bration! Team Registration Form

Team Information:

Name of Team:

Sponsored By:

Need Sponsor:

Team Members:

Team Captain:

Address:

Phone:

Email Address:

Team Member 2:

Address:

Phone:

Email Address:

Team Member 3:

Address:

Phone:

Email Address:

Please send this completed registration form with any sponsorship information.
(Checks should be made payable to Sound Learning).

Return the completed form to:

**Spell-E-Bration
Sound Learning
PO Box 2529
Shelton WA 98584**



Sound Learning
P O Box 2529
133 Railroad Avenue
Shelton WA 98584
360-426-9733