

Illinois State Council
Knights of Columbus
SPELLING BEE
INFORMATION FORM

**(Please type or print clearly and verify all information is accurate
as this information may be used in the program at the State Finals)**

COUNCIL SPELLING BEE FIRST PLACE WINNER
LOCATION _____ SECOND PLACE WINNER
 THIRD PLACE WINNER

Contestant _____
FIRST NAME LAST NAME

Gender: F M Age _____ Grade _____

School _____

School Address _____

City _____ State _____ ZIP _____

School Telephone Number (_____) _____
AREA CODE

Principal:

Sr. Dr. Mr. Mrs. Ms. _____
PLEASE CIRCLE APPROPRIATE TITLE FIRST NAME LAST NAME

Teacher:

Sr. Dr. Mr. Mrs. Ms. _____
PLEASE CIRCLE APPROPRIATE TITLE FIRST NAME LAST NAME

Parent(s) /
Guardian(s) _____
FIRST AND LAST NAMES, PLEASE

Home Address _____

City _____ State _____ ZIP _____

Daytime or Home Telephone Number (_____) _____
AREA CODE

Sponsoring Council _____
NAME NUMBER

City _____ Diocese _____

SEND COMPLETED FORM TO
Keith L. Betton
251 Greenwood Ave
Glenwood II, 60425-1909

Unity Through the Eucharist

