

PSIA Sign-up Form

My child would like to try out for the following events. No more than three events may be chosen.

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|---|---|
| <input type="checkbox"/> Art Memory 4 th /5 th Grade | <input type="checkbox"/> Calculator 6 th -8 th Grade |
| <input type="checkbox"/> Creative Writing 1 st /2 nd Grade | <input type="checkbox"/> Dictionary Skills 4 th -8 th Grade |
| <input type="checkbox"/> Impromptu Speaking 7 th /8 th Grade | <input type="checkbox"/> Listening Skills 4 th -8 th Grade |
| <input type="checkbox"/> Maps, Graphs & Charts 4 th -8 th Grade | <input type="checkbox"/> Mathematics 4 th -8 th Grade |
| <input type="checkbox"/> Modern Oratory 7 th /8 th Grade | <input type="checkbox"/> Music Memory 3 rd -7 th Grade |
| <input type="checkbox"/> Number Sense 4 th -8 th Grade | <input type="checkbox"/> On-Site Drawing 6 th -8 th Grade |
| <input type="checkbox"/> Poetry Interpretation 4 th -8 th Grade | <input type="checkbox"/> Ready Writing 3 rd -8 th Grade |
| <input type="checkbox"/> Science 6 th -8 th Grade | <input type="checkbox"/> Spelling 2 nd -8 th Grade |
| <input type="checkbox"/> Storytelling 1 st -3 rd Grade | <input type="checkbox"/> Vocabulary 5 th -8 th Grade |

Please PRINT when filling out the following information:

Child's name _____

Child's homeroom teacher _____

Parent's name _____

Parent's telephone number _____

Parent's email address _____

I will be able to coach the following event: _____

I have read the parent letter and understand that if more than three children enter an event, then a test will be held to determine which children advance to the district meet. Furthermore, I understand that I am required to work a minimum of one shift if my child competes at the meet.

Parent Signature: _____

Form must be turned in to school by **FRIDAY, DECEMBER 2ND** .