

THIS IS NOT AN INVOICE! IT'S AN ENTRY FORM! SEND ORIGINAL COPY TO OJABA!

Oklahoma Junior Academic Bowl Association

www.ojaba.org

SEND TO:

OJABA

c/o Larry L. Capps, President
4107 North Pottenger Avenue
Shawnee, OK 74804

**ENTRY
FORM**

Complete and MAIL (NOT fax or e-mail) the **ORIGINAL COPY** of this form (with payment or P.O.) to the address above.

Questions? Call Larry at school (405-964-5558) between 8 A.M. and 2 P.M.

Or at 405-445-9539 at any other time. • **Larry's E-mail Address:** llcappssr@yahoo.com

A copy of your entry form will be sent to the V.P. in charge of your class. Upon receipt of your fee payment or purchase order, you will be invoiced, and you will receive a copy of this year's OJABA Rules.

2018-2019 ENTRY DEADLINE: October 1, 2018

School Name: _____

(School name should include the words "School," "Public School," "Public Schools," "Elementary School," "Middle School," "Junior High School," "High School," etc.—whatever is appropriate for your school.)

School Mailing Address:

Street Address or P.O. Box (mailing, not shipping)

City

Zip

Home Mailing Address:

Street Address or P.O. Box (mailing, not shipping)

City

Zip

School Phone: (____)____-____ **School Fax:** (____)____-____

E-mail Address: _____

Teams You Are Entering in OJABA Competition (Indicate how many of each.):

Grades 5 & 6	Grades 6 & 7	Grades 7 & 8	Grades 8 & 9
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 = **TEAMS ENTERED** X \$75 = \$ _____

Coach (1 ONLY): _____

(Use a separate **ORIGINAL** entry form for each additional coach.)

Home Phone: (____)____-____ **Cell Phone:** (____)____-____

Best Contact Times: _____

Would You Host OJABA Tourneys? **District?** Yes No **Regional?** Yes No
(Circle One) (Circle One)

Payment Enclosed: \$ _____
(Payable to OJABA)

We Preferred to Be Billed — P.O. #: _____

ENTRY FORM RECD.: _____

MAILED RULES & INV.: _____

PYMT. RECD.: _____

CLASS: _____