SHOW & TECH 2019

South Arkansas Community College Computer Technology Competition Technology Challenge

Participant Registration Form

☐ Individual   ☐ Team (up to three members)

Participant 1 Name:	
School:	Grade Level:
Mailing Address:	
Email:	Phone:
Parent/Guardian Name:	
Email:	Phone:

Participant 2 Name:	
School:	Grade Level:
Mailing Address:	
Email:	Phone:
Parent/Guardian Name:	
Email:	Phone:

Participant 3 Name:	
School:	Grade Level:
Mailing Address:	
Email:	Phone:
Parent/Guardian Name:	
Email:	Phone:

Sponsor Name:	
Organization (if applicable):	
Mailing Address:	
Email:	Phone:

Computer Information Technology Department ~ charrell@southark.edu

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