

# Literacy Action's Trivia Bee

## Team Registration Form

Friday, September 9, 2022 6:30 – 9:00p  
Central Arkansas Library's Hillcrest Hall  
\$200 Team Registration



<https://www.literacyactionar.org> 501-372-7323

Team Name: \_\_\_\_\_

Team Sponsor (if applicable): \_\_\_\_\_

1. Team Captain: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_

5. Team Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Team Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

6. Team Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

3. Team Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

7. Team Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

4. Team Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

8. Team Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Note: Teams can have up to 8 players (alternates/substitutions accepted). All participants must be 21 years of age or older.

# Literacy Action's Trivia Bee

# Team Payment Form

We want to improve literacy in Central Arkansas by entering a team in **Literacy Action's Trivia Bee!** Limited to 10 teams; team payment due by **August 5, 2022.**

- |                                                               |           |
|---------------------------------------------------------------|-----------|
| <input type="checkbox"/> Team Registration (up to 8 people)   | \$200.00  |
| <input type="checkbox"/> Individual Tickets                   | \$25.00   |
| <input type="checkbox"/> ABCs FOR LITERACY (sponsor a letter) | \$ 100.00 |

Payment:

- Check enclosed made payable to Literacy Action of Central Arkansas.
- Credit card (indicate type of card)

Visa

MasterCard

American Express

Card #: \_\_\_\_\_ Expiration \_\_\_\_\_ Security #: \_\_\_\_\_

Credit Card Billing Information:

Name on card \_\_\_\_\_

Business (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ email \_\_\_\_\_

Signature and date: \_\_\_\_\_

**Make checks payable to Literacy Action of Central Arkansas**

**Send check or credit card payment along with team registration form to:  
Literacy Action of Central Arkansas, P.O. Box 900, Little Rock, Arkansas 72203**

*Thank you for your support of Literacy Action of Central Arkansas. If you have any questions regarding this sponsorship, please contact the development office at 501-372-7323. Literacy Action of Central Arkansas is a 501(c)3 organization, tax ID # 71-0638565. All contributions are tax deductible within the limits prescribed by law.*