

2024 Technique Competition Application Form

Teacher's Name _____
 Telephone and e-mail (required for confirmation) _____

No.	Student Name	Age (b y 1/22/23)	Footstool Needed?	Level	Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
1.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
2.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
3.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
4.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
5.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
6.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
7.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
8.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
9.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
10.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____
11.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> Cellphone _____

12.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> ____ Cellphone
13.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> ____ Cellphone
14.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> ____ Cellphone
15.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> ____ Cellphone
16.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> ____ Cellphone
17.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> ____ Cellphone
18.					Virtual <input type="checkbox"/> In person <input type="checkbox"/> ____ Cellphone
Total:					