

**WITF Central PA Spelling Bee  
2024 School Champion Biography Form**

**Deadline for submission to WITF: JANUARY 5, 2024**

Each champion must fill out this form. It may be photocopied.  
**Please use black or blue ink for fill out this form.  
THIS FORM MUST BE LEGIBLE.**



Name \_\_\_\_\_ / Gender M F / Grade 4 5 6 7 8

Age by **March 23, 2024** \_\_\_\_\_ Date of Birth \_\_\_\_\_ / Adult T-shirt XL L M S

Home Address \_\_\_\_\_  
(street) (city) (zip code)

Parent Email address \_\_\_\_\_ Phone \_\_\_\_\_  
**(All information will be sent through email. PARENT email please. DO NOT send school email.)**

Parent/Guardian Names \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_

Teacher/Spelling Bee Coordinator \_\_\_\_\_

Fun Facts: What is your favorite word and why? \_\_\_\_\_

What is your favorite food? \_\_\_\_\_

What is the best book/author you've ever read? \_\_\_\_\_

Pets and their names? \_\_\_\_\_

What career would you like to pursue? \_\_\_\_\_

What interests you? \_\_\_\_\_

Who is someone you admire and why? \_\_\_\_\_

What honors (athletic, scholastic, musical, etc.) have you achieved in school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever participated in: WITF Semi-Final Written Test? Yes \_\_\_\_\_ No \_\_\_\_\_ Year/s? \_\_\_\_\_

Grand Championship Oral Spelling Bee? Yes \_\_\_\_\_ No \_\_\_\_\_ Year/s? \_\_\_\_\_

Any siblings ever participate in the Oral Bee? Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_ Year/s? \_\_\_\_\_

WITF strives to accommodate all spellers with any medical conditions i.e. physical, visual and/or mobility. Any such requests for accommodation of special needs, please check below and explain on the back of this paper. We will contact you for arrangements.

Yes \_\_\_\_\_ No \_\_\_\_\_