WITF Central PA Spelling Bee
2023 School Champion Biography Form

Deadline for submission to WITF: JANUARY 6, 2023

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 18, 2023 ______________ 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____________