WITF Central PA Spelling Bee
2024 School Registration Form
Deadline for submission to WITF: January 5, 2024

WITF Central PA Spelling Bee
Attention: Spelling Bee Coordinator
4801 Lindle Road
Harrisburg, PA 17111

Checks: payable to WITF Central PA Spelling Bee
Credit card: mail form or call WITF - Andrea Evertts at 717.910.2812 (feel free to leave message)
THIS MUST BE PAID BEFORE Friday, January 16, 2024

School enrollment up to 400 - up to THREE spellers may be sent/$20 per speller
School enrollment 401 and up - up to FOUR spellers may be sent/$20 per speller
Non-refundable fee

Please include School Champion Biography Form(s).
Please print or type all information with black or blue ink.

School_____________________________________________________________  County________________________

School District_____________________________________________________________________________________

Mailing Address_____________________________________________________________________________________

City________________________________________  Zip Code_____________________

Phone_______________________________________________________________  Fax_________________________

Principal__________________________________________________________________________________________

Spelling Bee Coordinator____________________________________________________________________________

Spelling Bee Coordinator’s e-mail_____________________________________________________________________

School’s approximate enrollment: ______________________

Champion name_______________________________________________________

Champion name (if sending two spellers)_______________________________

Champion name (if sending three spellers)_______________________________

Champion name (if sending four spellers)_______________________________
Contact Andrea Everitts for credit card payments: 717-910-2812. Please leave a voicemail. Thank you very much.

Name:____________________________________________________________
Address:__________________________________________________________
City, State, Zip____________________________________________________
Phone (Home)________________________(Work)________________________

Payment Type  ( )Visa ( )Mastercard ( )American Express ( )Discover
( ) Check #________________
( ) Special Instructions (see below)

Charge Card # _________________________________ Exp____/____
3-digit security code _____

Amount $___________

** Special Instructions**
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