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__________