

District Spelling Bee Questionnaire

Complete and fax to 732-352-6885 or email to cathy.a.botti@chase.com

District number _____

Is your District holding a District Spelling Bee? YES NO

If yes, please provide the date _____

Do you have a District Bee Chairperson? YES NO

Contact information for District Bee Chairperson:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email Address: _____

If your Clubs will be holding a Club Bee, please provide information below (please complete for every Club hosting a Club Bee):

Club Name: _____

Date of Club Bee: _____

Location of Club Bee: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact information for Club Bee Chairperson:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Club Name: _____
Date of Club Bee: _____
Location of Club Bee: _____
Address: _____
City: _____ State: _____ Zip: _____

Contact information for Club Bee Chairperson:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email Address: _____

Club Name: _____
Date of Club Bee: _____
Location of Club Bee: _____
Address: _____
City: _____ State: _____ Zip: _____

Contact information for Club Bee Chairperson:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email Address: _____

Club Name: _____
Date of Club Bee: _____
Location of Club Bee: _____
Address: _____
City: _____ State: _____ Zip: _____

Contact information for Club Bee Chairperson:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email Address: _____

Club Name: _____
Date of Club Bee: _____
Location of Club Bee: _____
Address: _____
City: _____ State: _____ Zip: _____

Contact information for Club Bee Chairperson:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email Address: _____