

# 2009-10 Regional Spelling Bee DISTRICT WINNERS

*-Please type or print legibly-*

School District _____	Number of students advancing to Regional _____
District Coordinator _____	Email _____
Address _____	City _____ Zip _____
Phone _____/_____	Fax _____/_____

**Please list winners and alternates below. (List any additional winners on reverse side.)**  
**Winners are students advancing to Regional.**  
**Alternates are students designated to take a winner's place in the event the winner is unable to attend.**

**Winner 1**

Name _____	Grade _____	D.O.B. _____
Parent/Guardian _____	Phone _____	
Home Address _____	City/State/Zip _____	

**Winner 2**

Name _____	Grade _____	D.O.B. _____
Parent/ Guardian _____	Phone _____	
Home Address _____	City/State/Zip _____	

**Winner 3**

Name _____	Grade _____	D.O.B. _____
Parent/ Guardian _____	Phone _____	
Home Address _____	City/State/Zip _____	

**Winner 4**

Name _____	Grade _____	D.O.B. _____
Parent/ Guardian _____	Phone _____	
Home Address _____	City/State/Zip _____	

*(List any additional winners on reverse side.)*



**Alternate 1**

Name _____	Grade _____	D.O.B. _____
Parent/ Guardian _____	Phone _____	
Home Address _____	City/State/Zip _____	

**Alternate 2**

Name _____	Grade _____	D.O.B. _____
Parent/ Guardian _____	Phone _____	
Home Address _____	City/State/Zip _____	

**Alternate 3**

Name _____	Grade _____	D.O.B. _____
Parent/ Guardian _____	Phone _____	
Home Address _____	City/State/Zip _____	

**Alternate 4**

Name _____	Grade _____	D.O.B. _____
Parent/ Guardian _____	Phone _____	
Home Address _____	City/State/Zip _____	

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## 2009-10 Regional Spelling Bee District Winners (continued)

### Winner 5

Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Parent/ Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### Winner 6

Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Parent/ Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### Winner 7

Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Parent/ Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### Winner 8

Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Parent/ Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Please return by February 5, 2010 to:

Kirsten Kuehl  
Southeast Service Cooperative  
210 Wood Lake Drive SE  
Rochester, MN 55904  
kkuehl@ssc.coop  
Or fax to 507-288-7663