

2019-2020 District Winners

-Please type or print legibly-

School District _____ Number of students advancing to Regional _____
District Coordinator _____
Email _____

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 Name _____ Phone _____
Parent/Guardian Email _____
Home Address _____ City/State/Zip _____

Winner 2

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

Winner 3

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

Winner 4

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

Winner 5

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

Winner 6

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

Alternates listed on next page

2018-2019 ALTERNATES

Alternate 1

Name _____ Grade _____ D.O.B. _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email _____

Home Address _____ City/State/Zip _____

Alternate 2

Name _____ Grade _____ D.O.B. _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email _____

Home Address _____ City/State/Zip _____

Alternate 3

Name _____ Grade _____ D.O.B. _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email _____

Home Address _____ City/State/Zip _____

Alternate 4

Name _____ Grade _____ D.O.B. _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email _____

Home Address _____ City/State/Zip _____

Alternate 5

Name _____ Grade _____ D.O.B. _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email _____

Home Address _____ City/State/Zip _____

Alternate 6

Name _____ Grade _____ D.O.B. _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email _____

Home Address _____ City/State/Zip _____

Please return by January 20, 2020 to:

khartman@ssc.coop
Or fax to 507-288-7663

Southeast Service Cooperative
Attn: Katie Hartman
210 Wood Lake Drive SE
Rochester, MN 55904