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**REGISTRATION FORM – CHANGSHA ROUND**Ningxiang Country Garden School

Event on June 15-16, 2019

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| Delegation Details | | | |
| If your delegation includes students from multiple schools, list the main school below. Then, mark which students are from other schools in the roster section. We need the school information for every student, even if the delegation is privately-organized. | | | |
| **School** |  | | |
| **Address** |  | | |
| **Country** |  | **Is your delegation independent (I) or school-organized (S)?** |  |

**General Information**

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| **Meals:** | At two-day rounds, we provide one meal per day. At one-day rounds, we provide two meals. |
| **Names:** | The spelling of school and student names will be used for all nametags, certificates, and tournament records. Please double-check spelling in advance. |
| **Divisions:** | Only students born on or after January 1, 2005 may participate in the Junior Division. Any team with at least one student born before January 1, 2005 will be considered a Senior Division team. |
| **Eligibility:** | Students may participate in one regional round per World Scholar’s Cup “theme” season. Please email us if you have any questions regarding a student’s eligibility to participate. |
| **Cancellations:** | While registrations are non-refundable, fees may be transferred to a replacement participant or credited 50% toward future participation. |
| **Financial Aid:** | Limited funds may be available to assist students in need, generally from government (public) schools. Please contact us for details if this situation applies to one or more of your scholars. |

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| Adult Contacts / Delegation Coordinators | | | |
| **First Name** | **Family Name** | **Email** | **Mobile** |
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| Team Roster | | | | | | | | | |
| *There is no limit to the number of teams from a school. We recommend at least 4 teams; the record is 80 teams. Two-member teams are welcome, but face scoring limitations. If you have a two-member team, feel free to complete it with a third team member from another school. If you have an extra solo scholar, ask about matching him or her to another school’s two-member team.* | | | | | | | | | |
|  | **Division** *Jr or Sr* | **First Name**  *Limit: 18 characters* | **Family Name** *Limit: 18 characters* | **Email Address** *for event updates* | **Birthdate** DD | MM | YY | | | **Gender**  *(M/F/D2S)* | **School** *(if different)* |
| Team 1 |  |  |  |  |  |  |  |  |  |
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| Team 2 |  |  |  |  |  |  |  |  |  |
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| Team 3 |  |  |  |  |  |  |  |  |  |
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| Team 4 |  |  |  |  |  |  |  |  |  |
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| Team 5 |  |  |  |  |  |  |  |  |  |
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| Team 6 |  |  |  |  |  |  |  |  |  |
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| Team 7 |  |  |  |  |  |  |  |  |  |
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| Team 8 |  |  |  |  |  |  |  |  |  |
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| Team 9 |  |  |  |  |  |  |  |  |  |
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| Team 10 |  |  |  |  |  |  |  |  |  |
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| Team 11 |  |  |  |  |  |  |  |  |  |
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| Team 12 |  |  |  |  |  |  |  |  |  |
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| Team 13 |  |  |  |  |  |  |  |  |  |
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| Team 14 |  |  |  |  |  |  |  |  |  |
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| Team 15 |  |  |  |  |  |  |  |  |  |
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*Please use copy-and-paste to extend the above table for additional teams.*

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| Delegation-Attached Adjudicators (DAAs) | | | |
| *Please designate at least 1 adult for every 3 teams to attend adjudicator training. Parents, alumni, and other community members are welcome. At two-day rounds, they are only needed on Day 1. If you cannot meet this requirement, please contact us to explain.* | | | |
| **First Name** | **Family Name** | **Email** | **Mobile** |
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| Special Needs | |
| *Please describe dietary restrictions and other special needs (e.g., wheelchair access). We will work with our host school to accommodate them, but cannot make any guarantees.* |  |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Participation Fees | | | | | |  | **RMB** | **# of Students** | **Subtotal** | | Fee *per student* | 880 |  |  | |  | | **TOTAL** |  |  |  | | --- | | Fee Remittance Method | |

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| *There is no fee for using a credit card. For those who prefer wires, we will send you an invoice and bank information after receiving this form. There is a $20 fee for wires. We do not accept cash payments at the event.* | | | |
| Wire (W) or Credit Card (C): | | |  |
| Credit Card Number: | | |  |
| Expiration (MM/YY): |  | Security Code (CVV): |  |
| Billing Postal Code (where available): | | |  |

**Please submit this form as a Word document (not a PDF or Pages document) to** [**contact@scholarscup**.**org**](mailto:contact@scholarscup.org)**.**

***Do not write it in by hand and scan it.***