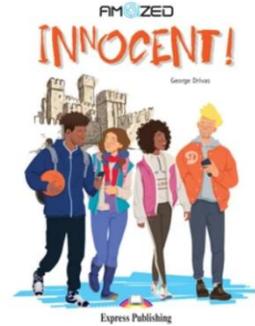
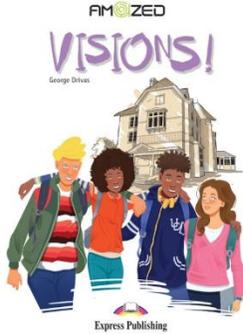


AM@ZED- ESCAPE ROOM READING CHALLENGE

REGISTRATION FORM



Teacher Information

- Teacher's Full Name: _____
- School Name: _____
- City: _____
- Email Address: _____
- Phone Number: _____

Class Information

- Grade / Age of Students: _____
- Number of Students Participating: _____

Reader Information

Please select the reader used with your class:

- Visions*
- Missing*
- Innocent*

Confirmation

I confirm that I have read and agree with the competition rules.

Signature: _____

Date: _____