

Arizona Academic Decathlon Association

TEAM FORM/CHECK-IN

January 9, 2024

School: _____ Team #: _____ (to be filled out by AADA)

Region: _____

Coach: _____

Assistant Coach(es): _____

		Present / Drop	GPA	Fri/Sat Only	Special Notes (add comments below)
HONORS					
01	_____	P / D		F / S	<input type="checkbox"/>
02	_____	P / D		F / S	<input type="checkbox"/>
03	_____	P / D		F / S	<input type="checkbox"/>
SCHOLASTIC					
04	_____	P / D		F / S	<input type="checkbox"/>
05	_____	P / D		F S	<input type="checkbox"/>
06	_____	P / D		F / S	<input type="checkbox"/>
VARSITY					
07	_____	P / D		F / S	<input type="checkbox"/>
08	_____	P / D		F / S	<input type="checkbox"/>
09	_____	P / D		F / S	<input type="checkbox"/>

Verified by coach at check-in (sign): _____

Special Notes (if any): _____
