



SOUTHWEST REGION CONFERENCE
REGIONAL SPELLING BEE

_____ Date

School's Name: _____

CONTESTANT PROFILE 20____
(Please Print or Type)

Please check one:

- 1st Contestant
- 2nd Contestant
- 3rd Contestant

Student's Name: _____

Grade: _____ Age: _____ Male Female

Homeroom Teacher: _____

First time participating: Yes_____ No_____ Returning participant: Yes_____ No_____

Favorite Subject: _____

College Plans: _____

Future Occupation: _____

Favorite Food: _____

Favorite Bible Verse: _____

Hobbies: _____