

Championship Team Registration Form

Complete one form per team. Schools may submit multiple forms. You can also register online at asist.ac.ug/registration.

School / institution

Name: _____ District: _____

Mentor details

Full name: _____ Phone (+256): _____ Email: _____

Team

Team name: _____ Category: _____ Age band: _____

Team members

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____

Declaration

We confirm the information above is correct and agree to abide by the championship rule book.

Signature: _____ Date: _____