



**Round 2
Fulford Cup Debating Tournament
The Bishop Strachan School**

Registration Form

School Name: _____

Coach's Name: _____

School Phone Number: (_____) _____

Home Phone Number: (_____) _____

Names of Students:

Junior Team: 1. _____

2. _____

Senior Team: 1. _____

2. _____

Please note if you are bringing any observers with your team.

1. _____

2. _____

Please rename this document with your school name and return by **email attachment by Friday 29 January** to:

Megan Parry
The Bishop Strachan School
mparry@bss.on.ca

If there are any subsequent changes, please contact Megan by **Wednesday 3 February, 2010.**