

# UNITED STATES ACADEMIC DECATHLON

## VERIFICATION OF 2010 SMALL SCHOOL STATE CHAMPIONSHIP TEAM

TO BE COMPLETED BY THE SMALL SCHOOL STATE CHAMPIONSHIP TEAM COACH  
**OFFICIAL TRANSCRIPTS MUST ACCOMPANY THIS FORM**

State \_\_\_\_\_ State Competition Score \_\_\_\_\_

School \_\_\_\_\_ Enrollment(as of December 1, 2009) \_\_\_\_\_

Physical Address only – No P.O. Boxes

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Principal \_\_\_\_\_ School Registrar: \_\_\_\_\_ Phone \_\_\_\_\_

Coach(es) \_\_\_\_\_

Email \_\_\_\_\_ (This is a must)

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

State Director \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

The United States Academic Decathlon does not discriminate on the basis of race, creed, national origin or handicap. If a student has a handicapping condition that requires special assistance, the student's coach must inform the competition director in writing by completing the SPECIAL NEEDS Form. Student # \_\_\_\_\_ (listed below) will need special assistance or accommodations.

Please **type or print** the name legibly of team members on the following lines. The number prior to the line is the GPA category and determines the order of participation in the SUPER QUIZ. (V7, V8, V9, S4, S5, S6, H1, H2, H3)

| TEAM ROSTER       | NAME     | GPA   | STATE SCORE |
|-------------------|----------|-------|-------------|
| <b>HONOR</b>      | 1. _____ | _____ | _____       |
|                   | 2. _____ | _____ | _____       |
|                   | 3. _____ | _____ | _____       |
| <b>SCHOLASTIC</b> | 4. _____ | _____ | _____       |
|                   | 5. _____ | _____ | _____       |
|                   | 6. _____ | _____ | _____       |
| <b>VARSITY</b>    | 7. _____ | _____ | _____       |
|                   | 8. _____ | _____ | _____       |
|                   | 9. _____ | _____ | _____       |

I hereby certify that the above named students comprise the winning team from \_\_\_\_\_ (state); that their grade point averages have been verified and meet the United States Academic Decathlon requirements, that each student is eligible for the category in which (s)he is entered, and that all team members are identical to those that participated in the State Championship Finals.

\_\_\_\_\_  
**Signature of State Director** \_\_\_\_\_  
**Date**

**Fax or email this form within forty-eight hours following your state competition to 712.366.3701 or [mylene@usad.org](mailto:mylene@usad.org).  
 The form must also be mailed to be received by March 19, 2010**

Mail to:  
 USAD  
 PO Box 1834  
 Council Bluffs, IA 51502-1834  
 Phone: 712.366.3700  
 Email: mylene@usad.org