



**CARICOM SECRETARIAT**  
**REGIONAL STATISTICS PROGRAMME**  
**INTER-SCHOOLS QUIZ COMPETITION**

**6 – 7 OCTOBER 2011 (PRELIMINARY COMPETITION)**

**14 OCTOBER 2011 (FINALS)**

**REGISTRATION FORM**

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

NAME OF SCHOOL: \_\_\_\_\_

PLEASE TICK AS APPROPRIATE:  PRIMARY  SECONDARY

ADDRESS OF SCHOOL: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF PARTICIPANTS: (1) \_\_\_\_\_

PLEASE INDICATE (2) \_\_\_\_\_

TEAM CAPTAIN (3) \_\_\_\_\_

(4) \_\_\_\_\_

Please return completed form by **30 September 2011**  
BY HAND PREFERABLY to:  
Project Director, Regional Statistics  
Attn: CSD Quiz Competition Entry  
CARICOM Secretariat Annex, Turkeyen, Greater Georgetown  
OR Fax: 222-0098

***Funded by the European Union***

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