The logo for 'Battle of the Books' features the words 'BATTLE OF THE BOOKS' in a bold, blue, comic-style font with a white outline. The text is set against a yellow, starburst-shaped background with a halftone dot pattern. The starburst has black outlines and radiating lines, giving it a dynamic, energetic feel.

# BATTLE OF THE BOOKS

All Glendale 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders are invited!

Battle of the Books is a book based trivia tournament for teens. Each middle school club will read the same books during their club meetings in preparation for the Battle of the Books event.

Battle event will be held at Bryant Middle School on March 12, 2019.

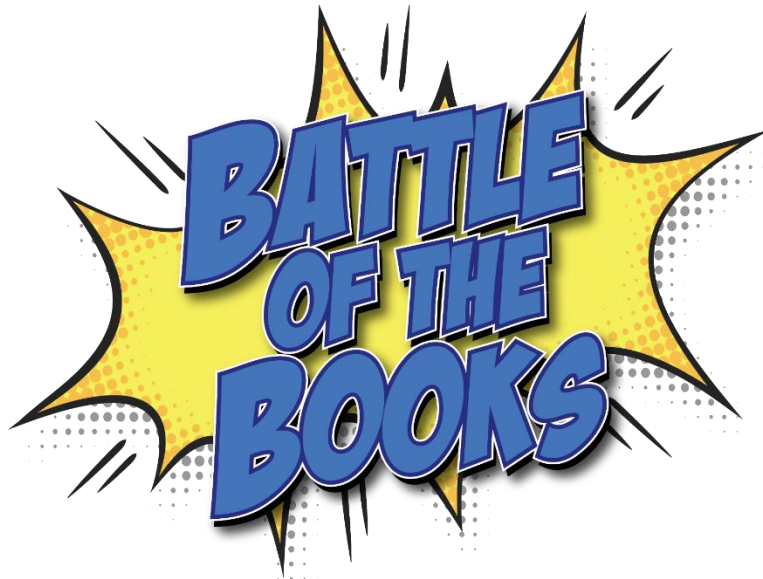
**Begins October 3, 2018**

**Every Wednesday in the library**

**3:02 p.m. – 4:00 p.m.**

Snack will be provided.

Sign-up sheets are in the main office!



**Who** – Students in 6<sup>th</sup> 7<sup>th</sup> and 8<sup>th</sup> grades

**When** – 3:02 p.m. – 3:45 p.m. Wednesdays (after school)

**Where** – Glendale Middle School Library

**Contact** – Rose Cain (801) 974-8319 x2027

<b>Student Name</b>	First	Last	<b>Birth date</b>	<b>Sex (M/F)</b>
<b>School Last Attended</b>	<b>Special Needs:</b> YES _____ NO _____		<b>Student Lunch #</b>	<b>Grade</b>
<b>Legal Address</b>	<b>Street</b>	<b>City</b>	<b>Zip</b>	
<b>Guardian/Mothers Name:</b>		<b>Mothers Phone:</b>		
<b>Guardian/Fathers Name:</b>		<b>Fathers Phone:</b>		
<u><b>Allergies or Allergies to Medication</b></u> YES _____ NO _____ If YES, please list: 1. 2.		<u><b>Emergency Contacts</b></u> Responsible adults who can be contacted if parents cannot be reached at home or work.  Name: _____ Phone _____ Address: _____  Name: _____ Phone _____ Address: _____		
<u><b>Photo Press Release</b></u> I give permission for photographs and video recordings of my student may be taken by the Battle of the Books (BOB) book club and may be used in promotional materials for this and other partner programs. DO _____ DO NOT _____		<u><b>Parent Permission:</b></u> In the event of illness or accident to a child of mine while attending school which, in the judgment of the principal of the school, or this authorized designee, would seem to require medical attention I hereby DO ___ DO-NOT ___ authorize the principal or his/her designee, to secure medical services for my child, at my expense, including doctor, hospital, and ambulance services if I cannot be reached promptly by phone or, if in the judgment of the principal/designee of the school medical help is immediately required without time to reach me.		
<u><b>Information Sheet</b></u> _____ I have read, and understand the information sheet provided along with my application.		<b>FIELD TRIP PERMISSION FORM</b> Occasionally, our after-school program will entail walking or taking the school buses or UTA to points of local interest. Every possible precaution will be exercised to ensure the safety and welfare of your child. However, the school and its authorized agents shall not be responsible, financially or otherwise, should an accident occur.  <b>My student DOES ___ DOES NOT ___ have permission to participate in field trips</b>		

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature