**10th C.C.C. Inter-School Scrabble Tournament**

**Registration Form**

|  |  |
| --- | --- |
| Name of School |  |
| No. of participants |  |
| Name of person-in-charge |  |
| Contact no. of person-in-charge |  |
| E-mail of person-in-charge |  |
| Name of Accompanying Teacher  |  |

List of participants: (There should be at least 3 members in a school team)

|  |  |  |
| --- | --- | --- |
|  | English Name | Level of Study e.g. S2 or S3 |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

Please send this completed form to Ms. Lew Yuk Fong of C.C.C. Mong Man Wai College via lyf@cccmmwc.edu.hk. Thank you very much.