



New York State Society of Radiologic Sciences, Inc.

2017 Quiz Bowl Competition Registration Form

PLEASE SEND COMPLETED APPLICATION TO:

Lisa Silver, Education & Scholarship Committee
2534 Clover St.
Rochester NY 14618

Sorry, no registrations will be permitted after the postmark date of Friday, October 6th, 2017.

Name / Address of Program: _____

Name of Program Director: _____

Telephone #: _____

e-mail address of Program Director: _____

Names of Student Bowl Team Players :

All players must be members of the NYSSRS. (You may include a completed NYSSRS form,

1.) _____

2.) _____

3.) _____

Alternates:

1.) _____

2.) _____

3.) _____