

2024 CSI ARIZONA QUALIFICATION SCENARIO

OFFICER NAME: _____

TEACHER NAME: _____

PRINCIPAL: _____

DISTRICT NAME: _____

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ NUMBER OF TEAMS: _____

OFFICER E-MAIL: _____

TEACHER E-MAIL: _____

GRADE LEVEL: _____ SUBJECT: _____

TEACHER/OFFICER'S SIGNATURE

DATE

Arizona Foundation for
**LEGAL SERVICES
& EDUCATION**
THE ARIZONA BAR FOUNDATION

CONTACT: LEAH.PRAGER@AZFLSE.ORG

EVENT DETAILS: LAWFORKIDS.ORG/CSI-ARIZONA