

# 2026 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: \_\_\_\_\_

TEAM NUMBER: \_\_\_\_\_

STUDENT NAMES: \_\_\_\_\_

\_\_\_\_\_  
TEACHER/OFFICER'S SIGNATURE

\_\_\_\_\_  
DATE



**CONTACT: LEAH.PRAGER@AZFLSE.ORG**

**EVENT DETAILS: LAWFORKIDS.ORG/PROGRAMS/CSI-ARIZONA**