



New York State Society of Radiologic Sciences, Inc.

Quiz Bowl Competition Registration Form

**Raymond Fradella,
224 Hollybrook Road,
Brockport NY 14420
Education & Scholarship Committee**

**Sorry, no registrations will be permitted after the postmark date of
Friday, October 8th, 2016**

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, along with check made payable to NYSSRS, Inc.)

1.) _____

2.) _____

3.) _____

Alternates:

1.) _____

2.) _____

3.) _____