

**WITF Central PA Spelling Bee
2025 School Champion Biography Form**

Deadline for submission to WITF: JANUARY 6, 2025

Each champion must fill out this form. It may be photocopied.
**Please use black or blue ink for fill out this form.
THIS FORM MUST BE LEGIBLE.**



Name _____ / Gender M F / Grade 4 5 6 7 8

Age by **March 15, 2025** _____ Date of Birth _____ / Adult T-shirt XL L M S

Home Address _____
(street) (city) (zip code)

Parent Email address _____ Phone _____
(All information will be sent through email. PARENT email please. DO NOT send school email.)

Parent/Guardian Names _____

School _____ School District _____

Teacher/Spelling Bee Coordinator _____

Fun Facts: What is your favorite word and why? _____

What is your favorite food? _____

What is the best book/author you've ever read? _____

Pets and their names? _____

What career would you like to pursue? _____

What interests you? _____

Who is someone you admire and why? _____

What honors (athletic, scholastic, musical, etc.) have you achieved in school? _____

Have you ever participated in: WITF Semi-Final Written Test? Yes _____ No _____ Year/s? _____

Grand Championship Oral Spelling Bee? Yes _____ No _____ Year/s? _____

Any siblings ever participate in the Oral Bee? Yes _____ No _____ Who? _____ Year/s? _____

WITF strives to accommodate all spellers with any medical conditions i.e. physical, visual and/or mobility. Any such requests for accommodation of special needs, please check below and explain on the back of this paper. We will contact you for arrangements.

Yes _____ No _____