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**U.S. Academic Pentathlon**

Special Needs Form

MIDDLE SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Team Placement #****e.g. H1, S4, V7** | **Name of Student** | **First Name****Pronunciation** | **Last Name****Pronunciation** |
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PLEASE PROVIDE FOR EVERY STUDENT ON THE PARTICIPATING TEAM

**Form MUST be received by May 1, 2017**

**pentathlon@usad.org**