

**2024 USAD Nationals
Calculator Use Form**

Please complete this form to include all members of your Academic Decathlon team.

Date: _____

School: _____

School District: _____

Coach's Name: _____ **Coach's Phone:** _____

Coach's Email: _____ **Best time to be reached by phone:** _____

| Decathlete's First Name | Decathlete's Last Name | Primary Calculator Brand/Model | Backup Calculator Brand/Model |
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Complete this form by **March 14, 2024 and submit to designated team Google folder.**