

**2021 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

Complete this form by March 25, 2021 and mail to:

**USAD
PO Box 4351
Mankato, MN 56002**