



GRADE LEVEL RESULTS FORM

INSTRUCTIONS TO CONTEST DIRECTOR: COMPLETE this form in **BLACK** ink **AFTER** completing the **CONTEST ROSTER** with all contest information and scores in **PENCIL** and verifying contestant's scores/ranks at the 15-minute verification/viewing period.

	Grade Level		Grade Level
<input type="checkbox"/> Art Memory	_____	<input type="checkbox"/> Music Memory	_____
<input type="checkbox"/> Calculator Applications	_____	<input type="checkbox"/> Number Sense	_____
<input type="checkbox"/> Dictionary Skills	_____	<input type="checkbox"/> Poetry Interpretation *	_____
<input type="checkbox"/> Listening	_____	<input type="checkbox"/> Spelling	_____
<input type="checkbox"/> Vocabulary	_____		

* No ties allowed in this contest

<u>Place</u>	<u>Contestant's Name</u>	<u>School</u>
1st	_____	_____
2nd	_____	_____
3rd	_____	_____

Please see the Overall Contest Results Form for your contest to determine the overall contest winners and to determine the qualifiers for the state meet.

Contest Director's Signature