



“Brain Games”

5th & 6th Grade Students

February 16, 2023

Southern Illinois University
 Glenn Poshard Transportation Education Center
 545 N. Airport Rd, Murphysboro, IL 62966

School: _____

Contact Person: _____ Email: _____

Phone: _____ Person(s) Accompanying Team: _____

We do request accompanying adults to be available to help with the event. Thank you!

TEAM 1

****Teams of 4 will consist of two 5th grade and two 6th grade students.**

| | STUDENT NAME |
|-----|--------------|
| 5th | |
| 5th | |
| 6th | |
| 6th | |

TEAM 2

****Teams of 4 will consist of two 5th grade and two 6th grade students.**

| | STUDENT NAME |
|-----|--------------|
| 5th | |
| 5th | |
| 6th | |
| 6th | |

\$175 per team of 4

Check# _____

Make Checks payable to: ROE30/Brain Games

Amount: _____

Return Registration to: sschimpf@roe30.org or fax to (618) 687-7296.
Mail payment to: Regional Office of Education 30, 1001 Walnut St., Murphysboro, IL 62966