

Los Angeles Brain Bee Application Form

Name of Contestant: _____

Name of High School: _____

Grade level and age: _____

Home Address: _____

Phone Contact Number: _____

Email address: _____

Reason for participating in the Los Angeles Brain Bee:

A brief introduction of yourself:

Please return completed form with a \$10.00 registration fee to
Los Angeles City College
Attn: Amy Sweetman Los Angeles Brain Bee
855 N. Vermont Ave.
Los Angeles, CA 90029
E-mail: amysweetman@earthlink.net
Phone: 323-953-4000 ext. 2931