***State Final Readers Cup 2024***

Please complete the following details for your team competing in the State Finals. Information is required as soon as possible after your win at the Regional Final.

TEAM MANGER/FACILITATOR DETAILS

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Mobile Number (in case needed on the day) |  |

STUDENT DETAILS

|  |  |
| --- | --- |
| **Competition**Eg 5/6; 7/8 or 9/10 |  |
| **Regional Competition** Eg Gold Coast, Brisbane South |  |
| **School Name** |  |
| **Name of Competitor** Eg Jack Brown |  |
| **Name of Competitor** |  |
| **Name of Competitor** |  |
| **Name of Competitor** |  |
| **Name of Competitor** |  |

Please email back to – qld@cbca.org.au