

## 2010 CHEC Spelling Bee Registration

**DATE:** Saturday, February 6, 2010

**PLACE:** Bear Valley Church, 10001 West Jewell Avenue, Lakewood

**TIME:** 9am-1:30pm (please plan on arriving at least 30 min. early)

**COST:** \$15 per student

**WHO CAN PARTICIPATE:** Students from 4<sup>th</sup> to 8<sup>th</sup> grade (not already graduated to 9<sup>th</sup> grade) and not yet 15 years of age as of September 1, 2009, except those who live in Boulder County.

**WHAT TO STUDY:** Go to [myspellit.com](http://myspellit.com). You will notice a list of words by origin available on the left. This is a helpful list as they have pronunciations as well as tips available for many words. Additionally, the following website will assist you as you prepare: [www.spellingbee.com](http://www.spellingbee.com). Click on "Students and Parents".

The qualifying bee is a written test of 50 words. The top seven spellers on this test will be able to participate in the Denver Post Colorado State Bee on March 6, 2010 at the Denver Convention Center, 700 14<sup>th</sup> Street, Denver, Colorado. An oral bee for the top 25 qualifying participants will follow the written test. First, second, and third place ribbons will be awarded.

**REGISTRATION DEADLINE:** Registrations must be postmarked by January 20, 2010

If you have any questions, please contact the CHEC office at 720-842-4852 or [office@chec.org](mailto:office@chec.org).  
Save upper portion. Return lower portion with fee

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**Child's Name**

**Grade**

**Birth date**

**Age**

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**If you live in Boulder County, you must participate in the Boulder Daily Camera Spelling Bee. Contact Christine at 303-410-2640 to find out details.**

I affirm that the student(s) listed above is/are homeschooled and complies with the grade and age requirements noted above. I also understand that if my student(s) scores in the top 25 on the written test, he/she is required to stay and participate through the entire oral Spelling Bee.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Name (printed) \_\_\_\_\_

Home Address, City, State, Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Return lower portion of this form along with the fee of \$15 per student by **January 20<sup>th</sup>** to:  
CHEC, 10431 South Parker Road, Parker, CO 80134