

**KERN COUNTY ACADEMIC DECATHLON
PHONETIC SPELLINGS**

SCHOOL _____

COACH _____

ASSISTANT COACH _____

Please provide phonetic spelling for first and last names of each student and coach.

	Name	Phonetic Pronunciation
Honor	1 _____	_____
	2 _____	_____
	3 _____	_____
Scholastic	4 _____	_____
	5 _____	_____
	6 _____	_____
Varsity	7 _____	_____
	8 _____	_____
	9 _____	_____
	_____	_____
	Coach's Signature / Date	Coach Phonetic Spelling

		2ND Coach Phon. Spelling

RETURN WITH YOUR REGISTRATION TO:

**KERN COUNTY SUPERINTENDENT OF SCHOOLS OFFICE
1300 17th Street - CITY CENTRE
Bakersfield, CA 93301-4533
ATTENTION: KERN COUNTY ACADEMIC DECATHLON COORDINATOR**