



## NCSLMA Middle School

### BATTLE OF THE BOOKS System Compliance with Guidelines Form Due: September 30, 2010

**Name of School** \_\_\_\_\_  
**Contact Person** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_  
**Email Address** \_\_\_\_\_  
**BOB Region** \_\_\_\_\_ **BOB Coach** \_\_\_\_\_

All guidelines must be met to participate in our Battle of the Books program.  
The participants must be:

1. A public or independent school recognized by the North Carolina Department of Public Instruction with students in grades 6-8 for the current year of participation.
2. A school with a media center that:
  - Has a catalogued collection of information resources;
  - Is in a designated space on the site of the school;
  - Has an annual materials budget;
  - Is open and staffed a minimum of 20 hours per week by a licensed on-site School Library Media Coordinator.
3. School Library Media Coordinator is a current NCSLMA member.
4. School Library Media Coordinator must directly supervise, administer and coach the Middle School Battle of the Books team but MAY designate other school employees to assume specific duties. The School Library Media Coordinator is the head coach for the Battle of the Books team.

**NCSLMA Member Name** \_\_\_\_\_  
**NCSLMA Membership Number** \_\_\_\_\_ *Membership Number on Newsletter label or membership card*  
**Member Signature of Compliance** \_\_\_\_\_

*I certify that the information I have given is correct. I understand that false statements on this compliance form will be cause for elimination or disqualification from the competition.*

**Date** \_\_\_\_\_  
**Regional Coordinator** \_\_\_\_\_  
**Email Address** \_\_\_\_\_  
**Fax Number** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Address** \_\_\_\_\_

***This form requires a signature. Do not email.***