Abraham Erb's 1st Annual Science Fair Entry Form

Please complete this form and return to classroom teacher by March 22

Student Name:			
	(as you would li	like it printed on the certificate)	
Grade:	Teacher: _		
I am working (circle):	on my own	with a partner	
(Note: Each student must s	submit a separate	entry form)	
Partner's Name (if working Partner's Teacher:			
I require an electrical outle	t: yes	no	
Parent/Guardian Name:		Signature:	
I give permission fo	r my child's photo	to be taken during this event.	
We will need some adult volunteers! Please indicate if you are willing to help out (e.g. with setting up, distributing display boards, tidy up) and you will be contacted at a later date with further information:			
I am willing to volun	teer to help with th	he event in some capacity.	
Volunteer Name:			
Email Addraga:		Phono Number:	