

CENTRAL REGION INVENTORS' SHOWCASE ENTRY FORM

(Please type directly into the form or print neatly.)

SCHOOL	
SHOWCASE COORDINATOR	
TITLE OF INVENTION <i>(maximum of 50 letters/characters)</i>	
DIVISION (PREK, K, 1 ST , 2 ND , 3 RD , 4 TH , 5 TH , 6 TH , 7 TH , 8 TH)	

ENTRY CATEGORY <i>(Please check one in each section.)</i>	
<input type="checkbox"/> Class Invention	
<input type="checkbox"/> Individual Invention	
<input type="checkbox"/> Team Invention	

COMPLETE THE FOLLOWING INFORMATION <i>(If the entry is a team invention, complete <u>one</u> form for the team. If the entry is class invention, please attach a class list.)</i>					
STUDENT LAST NAME	FIRST NAME	M.I.			
STREET					
CITY	STATE	TX	ZIP		
HOME PH #	STUDENT AGE/GRADE				
SCHOOL					
TEACHER	SCHOOL PH #				

FOR TEAM INVENTION, LIST THE NAMES OF THE OTHER TEAM MEMBERS BELOW.		
STUDENT NAME <i>(Last Name, First Name MI)</i>	AGE/GRADE	TEACHER
2		
3		

IF YOU ARE ENTERING A PROJECT, PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY:		
<input type="checkbox"/> Special Education Student(s)		<input type="checkbox"/> Spanish reader
CHECKLIST:		
<input type="checkbox"/> Abstract attached	<input type="checkbox"/> Inventor's Log complete	<input type="checkbox"/> Photograph of invention attached

I affirm that the entry submitted for competition is original. I also acknowledge that Central Region officials are not responsible for any loss or damage to exhibits and personal belongings during HISD Inventors' Showcase competition(s).

Student Signature

Date

Teacher Signature

Date