

CLIP – DO NOT STAPLE

# SCIENCE HORIZONS '03 FAIR REGISTRATION FORM

(See INSTRUCTIONS FOR COMPLETING AND SUBMITTING YOUR REGISTRATION FORMS.)

Send to: Thomas MacGregor, Ph.D.  
Science Horizons  
P.O. Box 2328  
Danbury, CT 06813-2328

Due / postmarked by: November 6, 2002

## Project Title

(Short title - limit to 65 characters - display title may be longer)

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## Categories

Check one:

- JUNIOR INDIVIDUAL (grades 7-8)  
 JUNIOR TEAM (grades 7-8)  
 SENIOR INDIVIDUAL (grades 9-12)

Check one:

- BIOLOGICAL  
 PHYSICAL

## Your Display Needs

Will you need electric power for your display?  YES  NO  
Your display will be on:  a TABLE  the FLOOR.

Do not complete this section: N  S  I   
Cat.: 1  2  3  4  5  6  7  8  9

PRINT IN BLACK INK

### Individual Student or Team Leader

(All correspondence from Science Horizons will go to only this student.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
First Mid. Init. Last

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

School \_\_\_\_\_

Teacher (PRINT) \_\_\_\_\_

I release Science Horizons, Inc., Connecticut Science Fair Association, Inc., and those involved in running the Fairs from any liability or loss during the conduct of research or during project preparation, set-up, judging, exhibition, or removal.

Parent or Guardian (PRINT) \_\_\_\_\_

(SIGN) \_\_\_\_\_ Date \_\_\_\_\_

### Second Team Member (Junior Division Only)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
First Mid. Init. Last

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

School \_\_\_\_\_

Teacher (PRINT) \_\_\_\_\_

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Parent or Guardian (PRINT) \_\_\_\_\_

(SIGN) \_\_\_\_\_ Date \_\_\_\_\_