



REGISTRATION FORM

Please fill out all required information (*).
When completing the form online, required fields are highlighted in red.

Section I Date

SCHOOL INFORMATION

Education District*	School's Email Address:
Name of School*	
Schools' Address*	
Phone:	Fax Phone
Principal's Name*	Principal's Cell Phone:

Coordinating Teacher 1

Name*	
Cell Phone:	
E-mail Address:	

Coordinating Teacher 2

Name:	
Cell Phone:	
E-mail Address:	

Section II

CATEGORIES FOR DESIGN & BUILD (choose one)

Domestic Commercial Agriculture Tourism

Section III

STUDENT INFORMATION

	First Name	Surname	Gender	Age	Form
Participant 1*:					
Participant 2*:					
Participant 3*:					
Participant 4*:					
Participant 5*:					
Participant 6*:					

CONTACT INFORMATION

Please complete and click '[Submit by Email](#)' button at the bottom of this form to return via e-mail.
Registration takes place from **October 7th, 2013 to November 15th, 2013:**

For further information, please contact:
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