

What inspired you to create this project? _____

PARENT/GUARDIAN PERMISSION IS REQUIRED FOR EVERY PARTICIPANT:

I acknowledge that I have read and understand the IC Rules & Requirements prior to signing this document.

Parent/Guardian Signature _____

Printed Name _____

Email address: _____

If different from student's address above,
Mailing address: _____

City/State/Zip _____ Phone (_____) _____

Additional information for School, Classroom or Program Related Entry: (*advisors must be 18 years of age or older)

Teacher/Advisor* Signature _____

Email address _____

Printed Name _____

School/Program Name _____

School/Program Mailing Address _____

City/State/Zip _____ School Phone (_____) _____

Deadline for receipt of entries and entry address is:

Deadline: March 9, 2020

**WGVU Public Media
WGVU Innovation Challenge
301 Fulton St. W
Grand Rapids, MI 49504-6492**

WE WOULD LIKE OUR ENTRY RETURNED TO US:

We have included the appropriately sized, postage-paid, self-addressed return envelope, box or container with the entry.

We would like to pick the entry up from WGVU. We agree to claim it within two weeks of being notified it is ready.

Name of Person to be Notified of Pick-up: _____

Email Address: _____