WGVU Innovation Challenge Entry Form

WGVU Innovation Challenge is coordinated by WGVU Public Media, Grand Rapids, Michigan
COMPLETED FORM REQUIRED FOR EACH CHILD PARTICIPATING

Type or print legibly

Student Name ________________________________________________________________

Circle: Individual Entry Part of Group Entry Title: ________________________________

Student Mailing Address ______________________________________________________

City/State/Zip ______________________________________________________________

Child’s School ______________________________________________________________

Circle Grade: Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Gender: F M n/a

Title of Project __________________________________________________________________

Circle Project Category: Performing Arts STE(A)M Writing Visual Arts Combination: __________________________

Describe your project – what is it? __________________________________________________________________

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What is your project about and/or what does it do? ________________________________________

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What inspired you to create this project?

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海盗/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: WGVU Public Media

Deadline: March 9, 2020

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: ________________________________