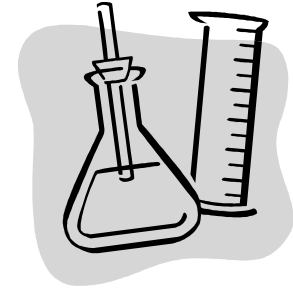




Crownhill Science Fair  
February 26, 2009  
Entry Form



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Experiment Title: \_\_\_\_\_

Experiment Question: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

**Return entry form to your teacher by February 2, 2009.**