| Wyoming Governor’s Cup 2016INTENT TO PARTICIPATE | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of organization | | | | | | | |
| **Name of Organization:** | | | | | | | |
| **Contact for Organization:** | | | | | | | |
| **Current Address:** | | | | | | | |
| **City:** | | | **State:** | | | | **ZIP Code:** |
| mentor information | | | | | | | |
| **Name of Mentor:** | | | | | **Position in Organization:** | | |
| **Phone:** | | | **E-mail:** | | | | **Fax:** |
| Participant information | | | | | | | |
| **Name:** | | **Grade:** | | | | **Age:** | |
| **Email:** | | | | | **Phone:** | | |
| **Name:** | | **Grade:** | | | | **Age:** | |
| **Email:** | | | | | **Phone:** | | |
| **Name:** | | **Grade:** | | | | **Age:** | |
| **Email:** | | | | | **Phone:** | | |
| **Name:** | | **Grade:** | | | | **Age:** | |
| **Email:** | | | | | **Phone:** | | |
| Summary of project | | | | | | | |
| **In the lines below, please provide a brief summary of the intended project:** | | | | | | | |
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| **Would you like technical assistance with this project?** | | **Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| Signatures | | | | | | | |
| **By signing below, I verify that the participants are high school students in the State of Wyoming and are eligible to participate in the Wyoming Governor’s Cup Competition for 2016.** | | | | | | | |
| **Mentor Signature** |  | | | | | | |
| **Student Signature:** |  | | | **Parent Signature:** | |  | |
| **Student Signature:** |  | | | **Parent Signature:** | |  | |
| **Student Signature:** |  | | | **Parent Signature:** | |  | |
| **Student Signature:** |  | | | **Parent Signature:** | |  | |