| 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:** |  |