Central Minnesota Regional Science Fair
St. Cloud State University
February 22, 2014
EXHIBIT REGISTRATION

Circle Grade:  6  7  8  9  10  11  12

Circle exhibit type and category:

<table>
<thead>
<tr>
<th>Individual</th>
<th>Cooperative</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Physics and Astronomy</td>
<td></td>
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</tbody>
</table>

(Print) Name of Exhibitor ____________________________________________

(Last) (First) Circle one: M or F Age ____________

City ___________________________ Zip ____________ Home Phone ( ) _______ - ____________

Email _____________________________________________________________

Project Title _____________________________________________________

Titles may be shortened for the program if too long

School ___________________________ County __________________________

Address __________________________________ City __________________________ Zip ____________

Teacher/Sponsor __________________________________ School Phone ( ) _______ - ____________

Email _____________________________________________________________

NOTE: ONLY PUT ADDITIONAL NAMES IF THIS IS A COOPERATIVE PROJECT! (submit only 1 registration form per project)

(Print) Name of Exhibitor ____________________________________________

(Last) (First) Circle one: M or F Age ____________

City ___________________________ Zip ____________ Home Phone ( ) _______ - ____________

Email _____________________________________________________________

(Print) Name of Exhibitor ____________________________________________

(Last) (First) Circle one: M or F Age ____________

City ___________________________ Zip ____________ Home Phone ( ) _______ - ____________

Email _____________________________________________________________

Check all that apply:

_____ I need table space to set up my exhibit OR _____ My exhibit does NOT need a table (it will be placed on the floor)

_____ I need 110 V electricity (Please bring your own extension cord) Please check only if necessary.

The completed registration form and the $10.00 registration fee (for each student) must be received by the Regional Science Fair Director by the February 14th deadline! Please note that registrations received after the deadline will not be in the program and we cannot guarantee that registrations received after the deadline will be judged.

Make checks payable to: Science Fair

Mail to: Dr. Jack F. McKenna JFMcKenna@stcloudstate.edu
         358 Wick Science Building
         St. Cloud State University
         720 Fourth Avenue S
         St. Cloud MN 56301-4498

(320) 308-3032

IMPORTANT: All information must be typed or printed legibly!