

Please include one entry form with all entries submitted for this challenge.

COMPLETE NAME OF SCHOOL

CHALLENGE NUMBER AND TITLE

NUMBER OF ENTRIES INCLUDED (NOT TO EXCEED MAXIMUM NUMBER PER SCHOOL FOR THIS CHALLENGE)

NUMBER OF STUDENTS THAT COMPLETED THIS CHALLENGE (INCLUDES ALL ENTRIES NOT SENT TO PHIPPS)

Please include the name and grade of each student whose entry is being submitted (if necessary, attach additional students' names to this form)

1.		
NAME	GRADE	
2.		
NAME	GRADE	
3.		
NAME	GRADE	
4.		
NAME	GRADE	
5.		
NAME	GRADE	
Participating teachers' name(s) and disciplines:	
Coordinating teachers contact	information:	
NAME		
DAYTIME PHONE	EMAIL ADDRESS	
I have read, understood, and a	bided by all rules and program policies of the Fairchild C	Challenge:
SIGNATURE	DATE	
By the deadline (see requirement	s) complete and return this entry form along with your entries	s to the address below:
Phipps Conservatory and Bot	anical Gardens	

Cordinator Conservatory and Botanical Gardens c/o Fairchild Challenge Coordinator One Schenley Park Pittsburgh, PA 15213