

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

COMPLETE NAME OF SCHOOL	
CHALLENGE NUMBER AND TITLE	
NUMBER OF ENTRIES INCLUDED (PLEASE DO NOT EXCEED CHALLENGE MAXIMUM)	NUMBER OF STUDENTS THAT COMPLETED THIS CHALLENGE (INCLUDES ALL ENTRIES NOT SENT TO PHIPPS)
Please include the name and grade of each s additional students' names to this form)	tudent whose entry is being submitted (if necessary, attach
1.	
NAME	GRADE
2.	
NAME	GRADE
3.	
NAME	GRADE
4.	
NAME	GRADE
5.	
NAME	GRADE
Participating teachers' name(s) and discipline	es:
Coordinating teachers contact information:	
NAME	
DAYTIME PHONE	EMAIL ADDRESS
I have read, understood, and abided by all r	ules and program policies of the Fairchild Challenge:
SIGNATURE	DATE
By the deadline (see requirements) complete an	nd return this entry form along with your entries to the address below:

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