Bottle Rocket Challenge
Contest Sign-up Form

LIMIT: Two teams per teacher, per school

(Print clearly or type) Use separate form for each team.

Name of Contact Person: ____________________________________________________________
(teacher - must be present at time of check-in)

School: ___________________________________________________________________________

Daytime Phone No.: _____________________________ Evening Phone No.: _________________________

Email Address (optional): __________________________________________________________________________

Team Name: _____________________________________________________________       Team _____ of _____

Team Member Names: 1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________

Transmit info

Return form via fax or mail by
January 9, 2004 to:

College of Engineering, Expo 2004
University of Hawaii
2540 Dole Street, Holmes 240
Honolulu, HI  96822

Phone:  (808) 956-7727
FAX:      (808) 956-2291