

# Entry Form

**TITLE OF THE ENTRY:**

\_\_\_\_\_

**PLEASE LIMIT TITLE TO 45 CHARACTERS, INCLUDING SPACES AND PUNCTUATION**

**TEAM MEMBERS' INFORMATION**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of School or Organization: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of School or Organization: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of School or Organization: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of School or Organization: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**COACH'S INFORMATION**

Name: \_\_\_\_\_ Grade(s) Taught: \_\_\_\_\_  
 School/Organization: \_\_\_\_\_  
 School/Organization Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Occupation/Job Title: \_\_\_\_\_ Subject(s) Taught: \_\_\_\_\_  
 Phone Numbers: (Home) (\_\_\_\_\_) \_\_\_\_\_ (Business) (\_\_\_\_\_) \_\_\_\_\_  
 Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 How many teams did you form, including those who didn't submit an entry? \_\_\_\_\_  
 How many students participated (*not just completed entries*)? \_\_\_\_\_ Are you a new or returning coach?  New  Returning  
 How did you find out about the competition? (*check one*)  Brochure  E-mail  Website  Article (Newspaper/Magazine)  
 Educator Recommendation  Ambassador Recommendation  Student  Other \_\_\_\_\_  
 If someone recommended the competition to you, who recommended it? \_\_\_\_\_

# Entry Form

**OMB, CLEARANCE #: 3145-0023**

Federal agencies may not conduct or sponsor a collection of information unless the collection of information displays a currently valid OMB clearance number and informs potential persons who are to respond to the collection of information that they are not required to respond to the collection of information unless it displays a currently valid OMB clearance number. The OMB clearance number for this collection is 3145-0023. Public reporting burden for this collection of information is estimated to average 12 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Judi Shellenberger, Executive Director, Christopher Columbus Fellowship Foundation, 110 Genesee Street, Suite 390, Auburn, NY 13021; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

**SIGNATURES**

We affirm that this entry for the Christopher Columbus Awards is original and has been independently developed by the student members of the team. We verify that all members are currently enrolled in sixth, seventh or eighth grade and that our coach is 18 years old or older. We further affirm that we have read and understand the rules of the competition. We understand that if our team is selected as a finalist, we will attend the Columbus Academy at Walt Disney World® in June 2010. Signatures verify that the information is valid and the lack of signatures by all team members and the coach will disqualify the entry.

Signature of the Team Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures of the Team Members:

1) _____	DATE	3) _____	DATE
2) _____	DATE	4) _____	DATE

**OPTIONAL TEAM INFORMATION**

We ask for the cooperation of the team coach in responding to the following questions. This information will be used to determine how and if the competition is meeting its goals, purposes and audiences. Submission of this information is voluntary. Failure to provide it will not affect your team's chances for an award.

**Indicate your community type (check one):**     Rural     Suburban     Urban

**Indicate the number of student team members who are:**

\_\_\_\_\_ Asian/Pacific Islander    \_\_\_\_\_ Black, not of Hispanic origin    \_\_\_\_\_ Hispanic/Latino  
 \_\_\_\_\_ Native Am./Alaskan Native    \_\_\_\_\_ White, not of Hispanic origin

**Indicate the number of student team members who are:**    \_\_\_\_\_ Male    \_\_\_\_\_ Female

**MAIL COMPLETED ENTRIES TO:**

Christopher Columbus Awards  
 105 Terry Drive, Suite 120, Newtown, PA 18940-3425

**Note:** Mail one original and three copies of the complete entry. Faxed entry material will not be accepted. Entries must be postmarked by **February 8, 2010**, or the entry will be ineligible for the competition. Materials that do not meet the rules and regulations will be disqualified. Permission is granted to duplicate this Official Entry Form.