

PARTICIPATION FORM

Please submit this form via email to abrunni@purdue.edu to enter your team(s) for Boiler Tech Challenge.

Participation form, payment, and photo release/dietary needs forms due by Friday, March 13.

SCHOOL INFORMATION

High School _____ Teacher _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Other Participating Adults: _____

EVENT RESERVATION

A team consists of 4 members. Schools are limited to 2 teams per event. Each school **must** participate in a **minimum** of 3 out of the 5 competitions. Events are held simultaneously.

***NOTES* - Rock It challenge is for women only. Multiple teams from the same school, competing in the same challenge, will be given an aggregated score. Team members can consist of any student enrolled in a STEM course.**

Events are filled in order by date received; register early! Check our website for updates or cancellations.

List the first & last names of the students for each team participating.

Members	Build It	Design It Inventor Software	Solve It	Rock It (women only)	Pump It
1					
2					
3					
4					
Members	Build It	Design It Inventor Software	Solve It	Rock It (women only)	Pump It
1					
2					
3					
4					

Indicate the number of shirts you will need by size (adult sizes). Be sure to include students & adults.

Shirts: _____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large **TOTAL:** _____

You will receive an email confirmation upon receipt of your reservation. If you DO NOT receive this email, contact abrunni@purdue.edu so that we do not miss your reservation.

Cost per student is \$20 and per adult is \$15. Payment is due by Friday, March 13, or you will not be able to participate.

Make checks payable to Community Education Coalition. **Mail payment to:** BTC, Attn: Jill Kelley, 4444 Kelly Street, Columbus, IN 47203.

Each student and teacher must submit a photo release & dietary needs form in order to participate in Boiler Tech Challenge. Form is on next page.

PURDUE
COLLEGE OF TECHNOLOGY

COLUMBUS

Dietary Needs

Participant Name: _____

Please list any dietary needs or known allergens.

PHOTO RELEASE

I, _____ **(please print)**, grant permissions to Purdue University and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Purdue University and its legal representatives for all claims and liability relating to said images. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I acknowledge that I am: ☐ over the age of 18
 ☐ the legal guardian of the following

If legal guardian of model(s), please list name(s) here:

Signature: _____ Date: _____

Address: _____

Email: _____
