



KIDS' SCIENCE CHALLENGE

MEDIA RELEASE

Student's Full Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

Grade Level: 3 _____ 4 _____ 5 _____ 6 _____

Parent or Guardian Information

Name: _____

Relationship to Student: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

Parent or Guardian Permission

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Name: _____ Date: _____

Signature: _____

Please fax the completed form to 1-253-648-2253, or mail it to The Kids' Science Challenge, Science Fair Projects, P.O. Box 344, Accord, NY, 12404. We will email instructions to you after we receive the signed form.