

# AFOR SCHOOL/ORGANIZATION REGISTRATION FORM

One form for each school/organization.

School/Org \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Adult Sponsor(s) and email(s):

1) Do any of your students have special requirements or needs (such as wheelchair access)? Yes No  
Please Specify:

2) Each fair has it's own fee structure and paperwork deadline. Paper copies of all forms are required by the fair's Scientific Review Committee before competition.

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### Local SCIENTIFIC REVIEW COMMITTEE (SRC)

Name	Degree (if applies)	SRC Chair?	Biomedical Scientist?	Science Teacher?

**Please send this form, payment and all student packets together in one package to:**