

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: _____

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: _____

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 2012. 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 6, 2012**, 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.