



Group Registration (by Teacher) Engineer It! April 15th, 2023

Teacher Name: _____ School: _____

Email: _____ Phone: _____

| | Student Name | Grade | Drop It | Thrill It | Float It | Launch It | Power It | Clean It | Team Mate(s) |
|----|--------------|-------|---------|-----------|----------|-----------|----------|----------|--------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
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| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |



Please Note: Teachers must pay by credit card for all members of the team. When filling in the desired events please put an (I) for Individual or (T) for Team depending on how the students is participating. If students are participating as a team, please list the name(s) of their team mate(s). If you have any questions please contact cpait@coxsciencecenter.org.

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|----|--------------|-------|---------|-----------|----------|-----------|----------|----------|--------------|
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
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| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |



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