Region 1 Science & Engineering Fair
Individual Registration Form

Please print or type

Last Name: ___________________________ First Name: ___________________________

Home Telephone: (____) __________________ Grade: _______ Gender (M/F): _______ US Citizen? (Yes/No): _______

Home Address: ________________________________________________________________
(Number, Street, City, Zip)

School: ___________________________ City: ___________________________

School Telephone: (____) __________________ Teacher: ___________________________

Was this project entered in a high school Science Fair? (circle one) YES NO

Have you applied for a patent for this project? (circle one) YES NO

Have you participated in the Region 1 Science Fair in the past? (circle one) YES NO

Title of Project: (Do not exceed 60 characters including spaces.)

Field: (Check one)

_____ Astronomy  _____ Biology  _____ Behavioral Science  _____ Biochemistry

_____ Chemistry  _____ Computers  _____ Earth Science  _____ Electronics

_____ Engineering  _____ Environmental  _____ Mathematics  _____ Physics

Electricity Needed? (circle one) YES NO (if yes, student must supply extension cords and power strips)

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All projects are required to submit an abstract, describing their project, findings, and results. Please provide it in the space below or on an additional piece of paper (please type or write legibly).
A copy of the *2019 Massachusetts State Science Fair Individual Research Plan* and other appropriate consent forms must accompany the Registration. Projects requiring Scientific Review Committee (SRC) approval must be submitted and approved *before* the start of the research.

We, the undersigned, certify that this project is in full compliance with all rules and regulations and that the project reflects actual original work done by the student involved.

Student: ___________________________________________________________ Date: ____________________

Parent/Guardian: ____________________________________________________ Date: ______

Teacher: ___________________________________________________________________ Date: ____________________

By signing the parent/guardian approval below, consent is given to the publication of the student’s name, visual likeness, and project description in both print and electronic media.

Parent/Guardian: ______________________________________________________ Date: ____________________

Send completed forms to Shannon Zayac, Center for Science and Innovation, 375 Church Street, North Adams, MA 01247