APEGBC RICHMOND / DELTA BRANCH
POPSICLE STICK BRIDGE REGISTRATION FORM

Team Name: (think of something cool!)	
School Grade:	
Contestants Names: (list everyone in your team)	
Contact Person: (email and phone number)	Email: Phone:

Please save a copy of this form to your desktop, attach it and email the completed form to:
apegbc.richmond.negm@gmail.com

Email instructions:
Subject line: **APEGBC Richmond / Delta NEGM 2016 Registration**
Please type the information in the required fields. No Handwriting please.
Attach the completed form as Microsoft Word or PDF document.