

Chip Challenge School Registration Form

Teacher/Sponsor's Name: Mr. Mrs. Ms. _____

E-mail Address: _____

School Name: _____ Phone: _____

School Mailing Address: _____

City _____ State _____ Zip _____

Estimated # of Students Participating: _____ Estimated # of Groups: _____ Grade Level(s): _____

Have you participated in the Chip Challenge? Yes No If yes, please answer the following questions:

Do you have a preference for a Chip Pal?

Name & School _____

NOTE: I cannot guarantee a specific match, but will try to keep past Chip Pals together if possible.

Do you have a specific teacher/school that you do not want to be partnered with as a Chip Pal?

Name & School _____

NOTE: If you have been partnered with this person before, please provide one or two reasons why you do not want to work with him/her. This information can be written on the back of this page. This information will not be shared with anyone else, but will allow me to identify the people who have not been good Chip Pals and should not be allowed to participate in future competitions!

Chip Pal Responsibilities

In order to participate in the Chip Challenge, you must agree to the following:

- (1) Chip Pals agree to contact each other to arrange mailing dates as well as determine the version of the rules and the type of mailing service they will use.
- (2) Chip Pals must have access to an e-mail account and check it on a regular basis during the dates of the competition.
- (3) Chip Pals agree to follow the Chip Challenge rules. This includes making sure the students use acceptable items for the containers and packing materials as well as following the mailing guidelines.
- (4) Chip Pals agree to open their partners packages in a responsible manner (supervised) and report the results back to the partner school as soon as possible! Chip Pals also agree to send (regular mail or e-mail) the final results to the Project Coordinator.

I have read the Chip Pal responsibilities and agree to be a good Chip Pal!

Teacher/Sponsor's Signature _____ Date _____

Mail completed form to:

Mrs. Tracy Trimpe, Havana Junior High School, 801 E Laurel, Havana, IL 62644

Must be postmarked by September 5, 2003 to be eligible for the 2003-2004 competition!