

VERIFICATION FORM – ESSAY & POSTER COMPETITION 2009

Please fill in blank areas. This form should be completed in BLOCK CAPITALS and attached to the finished work. Affix school or official stamp at the end.

Name of School:

Student's Name: Student's Grade:

Student's Age: Gender (Please tick): Male _____ Female _____

Principal's Name: Teacher's Name:

School's Address & Parish:

School's telephone number: Fax No.:

Student's telephone number (if any):

Student's e-mail Address (if any):

Assignment of Rights

N.B. All entries become the property of the SRC and will not be returned to the student. The Scientific Research Council (SRC) reserves the right to publish the winning entry in print, electronic media or any other format.

Warranty:

The student represents that he/she has read and understands the requirements of the Competition and agrees to all terms accordingly and hereby declares that the work submitted is a true reflection of the students original work.

Signature of Student: _____ Signature of Principal _____

Signature of Teacher: _____ Date: _____

AFFIX SCHOOL STAMP HERE

FOR ADMINISTRATIVE USE ONLY:	
Approved () Disapproved ()	
Reason(s) _____	
Signature _____	Date: ___/___/___