 

***Design Your Own Panel Competition***

**Please complete this form to register your school**

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| --- | --- | --- | --- |
| *Name of School:* | | | |
| *Please select;* | | | |
| *Primary* | *Secondary* | *Transition Project* | *Other* |
| *Other, please describe:* | | | |
| *Name of Teacher/Project Leader:* | | | |
| *School Address:* | | | |
| *Telephone number:* | | | |
| *Email address:* | | | |
| *Please let us know a bit more about who will be involved in the competition (age of pupils/year group/ department/local partnerships etc)* | |  | |

We will use these details for future correspondence about the Competition*.*

Please ensure this form is returned to us before Friday 25th March 2016. Thank you!