 

***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!