

# **APPENDIX**

## **DO NOT CHANGE THE FORMAT OF THESE FORMS**

**When you make copies of the “Individual Registration Form”, use both sides of one sheet of paper e.g. back to back on one sheet of paper.**

**For the Individual and Group school roster forms, use the ones provided in this booklet.**

# **ABSTRACT**

**Project title**

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**Project number**

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250words or less, 12 point font, Times New Roman type

Double space, Must stay within black box

*(you may remove this wording at the bottom of this page)*

**MONTGOMERY COUNTY SCIENCE RESEARCH COMPETITION**  
**School Roster - For Individual Projects**

*Maximum of three (3) projects in any one category per Division (include teams)*

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Teacher/Sponsor: \_\_\_\_\_

Home address: \_\_\_\_\_

Teacher **Home** phone: \_\_\_\_\_ Teacher Email: \_\_\_\_\_

<b>Number</b>	<b>Participant's Name</b>	<b>Division</b>	<b>Category</b>	<b>Sponsor</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				

24.


X = Total of Check

**NOTE!!!!**

**If any of the 24 projects are done by a team, Do NOT list them on this roster. Use the Group roster. Each school may send two team projects as part of the 24 projects entered by that school.**

**MONTGOMERY COUNTY SCIENCE RESEARCH COMPETITION**

**School Roster – For Group Projects**

*Each school district, private school or parochial school is allowed a maximum of two group projects at the high school level (grades 9-12) and two group projects at the middle school level (6-8) regardless of the grade level distribution in buildings.*

*There can be up to three members in a group. Each participant in a group must have their own individual set of protocols. Each one is registered individually. All their paper work must be bundled together as a group.*

Official School Name: \_\_\_\_\_ District: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Teacher/Sponsor: \_\_\_\_\_

Teacher Home address: \_\_\_\_\_ Teacher Home phone: \_\_\_\_\_

<b>Group</b>	<b>Name of each individual in the group.</b>	<b>Division</b>	<b>Title of Group Project</b>
1.			
1.			
1.			
2.			
2.			
2.			

Total number of participants: \_\_\_\_\_

Entrance Fee for each individual in the group                      x \$ 15.00=

Total of Check: \_\_\_\_\_

# **MCSRC INDIVIDUAL REGISTRATION FORM**

*(One form should be filled out for each student participant)*

*Please print legibly or type the information requested.*

Circle one:   Division A   Division B   Division C   Division D   Division E  
                  (Grade 12)   (Grade 11)   (Grade 10)   (Grade 9)   (Grades 6-8)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

1. Student Email Address: \_\_\_\_\_ Sex: M\_\_ F\_\_

2. Home Address: \_\_\_\_\_

(Street, Box, Apartment, etc.)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. School Name: \_\_\_\_\_

5. School Address: \_\_\_\_\_

(Number, Street, Road, etc.)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

5. School Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Name of Teacher/Sponsor: \_\_\_\_\_

7. Teacher Email: \_\_\_\_\_

8. Project Title: \_\_\_\_\_

**(Max. 80**

**spaces and**

**characters)**

\_\_\_\_\_

9. Project Categories: (Circle one)

Behavior & Social Science

Biochemistry

Botany

Chemistry

Computer Science

Earth & Space Science

Engineering

Environmental

Mathematics

Medicine & Health

Microbiology

Physics

Zoology

Consumer Science  
(Middle School Only)

Check if team member \_\_\_\_\_

**(Please read and complete the other side.)**

11. Project Size: (Division “E” only 36”), (High School – 36” or 48”) \_\_\_\_\_inches
12. Are you a citizen of the United States? Yes No
13. Are you bringing a computer? Yes No
14. How many years have you participated in MCSRC? (Include this year.) \_\_\_\_\_
15. List the years participated: \_\_\_\_\_
16. May we have your permission to photograph you for publicity purposes during this event? Yes No Parent Signature: \_\_\_\_\_

**Be sure that the proper certifications have been completed and attached for this project.**  
**--Everyone completes the Sponsor Checklist 1, Forms 1A and 1B. Research dealing with humans needs an IRB form 4A & 4B and prior approval.**  
**--Projects dealing with vertebrate animals, tissue, recombinant DNA, pathogenic agents or controlled substances need prior SRC approval and should check the current rules book for the proper forms.**

**ATTACH 1) THE COMPLETED REGISTRATION SHEETS(ON TOP) THEN 2) THE PRELIMINARY ABSTRACT, THEN 3) FORM 1, 1A &1B, THEN 4) ANY ADDITIONAL CERTIFICATION FORMS REQUIRED.**