



2025 TORONTO CHALLENGE TEAM REGISTRATION FORM

Please **PRINT** all information below and bring this with you to the **Workshop Day, Tuesday April 22nd**.

School: _____

Teacher –in-charge: _____

Teacher –in-charge email: _____

2nd teacher name & email *(if applicable)*: _____

Student Names *(please ensure spelling is correct as this information is used to make the certificates)*:

1.	
2.	
3.	
4.	