FLUID POWER CHALLENGE DÉFI ÉNERGIE DES FLUIDES

TORONTO CHALLENGE
TEAM REGISTRATION FORM

Please **PRINT** all information below and bring this with you to the **Workshop Day.**

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. | | | | | | | | | | | | | | | | | | | | | | | | |