

The California Museum's Dreamers Challenge



Name: _____

Email: _____

Address: _____ City: _____ State: CA Zip: _____

Home Phone: () _____ Cell Phone: () _____

School Name: _____

School Address: _____

City: _____ State: CA Zip: _____ School Phone: () _____

Supervisor Teacher's Name: _____

Title of Entry: _____

Medium: Essay PowerPoint Presentation
 Audio Photographed Artwork
 Video Other _____

How did you hear about the Dreamers Challenge? _____

ALL ENTRIES MUST BE RECEIVED BY OCTOBER 15, 2011

I have reviewed the Dreamers Challenge guidelines, and agree to enter the Challenge as outlined. I agree to enter at my own risk, and do not hold The California Museum, Comcast, or any other sponsors or coordinators responsible in the event of damage or theft. I authorize The California Museum to use my entry for promotion and advertising.

Signature _____ Date _____

Check box if 17 years or younger
Guardian's Signature _____

Teacher Verification

I have reviewed the enclosed submission and verify that it reflects the above-named student's original work.

Signature _____ Date _____