



Fairchild Challenge at Phipps Conservatory and Botanical Gardens
2009-2010 Middle School Registration Form



Complete Name of school: _____

Type of School Public Private

Estimated 2009-2010 Enrollment _____

School mailing address: _____

City, zip code: _____

School phone: _____

School fax: _____

Teachers interested in participating in the Fairchild Challenge:

Teacher 1: _____

Name / Discipline/ E-mail / Work Phone / Other Phone (optional)

Teacher 2: _____

Name / Discipline/ E-mail / Work Phone / Other Phone (optional)

Teacher 3: _____

Name / Discipline/ E-mail / Work Phone / Other Phone (optional)

Name of supporting school administrator and title:

Phone of administrator if different from above: _____

Administrator Signature:

_____ **Date:** _____

Please return this registration form to:

Phipps Conservatory and Botanical Gardens
The Fairchild Challenge
c/o Renee Cambuzzi
1059 Shady Ave.
Pittsburgh, PA 15232

Phone: 412-441-4442 ext. 3905

Email: rcambuzzi@phipps.conservatory.org