



The Fairchild Challenge at Phipps Conservatory and Botanical Gardens



Option Entry Form

This must be included with all entries submitted for this option.

Your School: _____

Challenge Option Number and Title: _____

Number of entries included (**not to exceed the maximum number of entries**): _____

Please ensure that each entry submitted has the student's name and school clearly marked.

Number of students from your school that **completed** this Challenge Option (this includes all entries that were not sent to Phipps Conservatory): _____

Name and grade of each student whose entry is being submitted (if necessary, write additional students' names on the back of this form):

- 1. _____ Grade: _____
- 2. _____ Grade: _____
- 3. _____ Grade: _____
- 4. _____ Grade: _____
- 5. _____ Grade: _____

Participating teacher's name(s) and disciplines(s):

Coordinating teacher's contact information: Name: _____

Daytime phone: _____ Email address: _____

I have read, understood, and abided by all rules and program policies of the Fairchild Challenge.

Teacher's signature and date: _____

By the deadline (see requirements) complete and return this entry form along with your entries to:

Phipps Garden Center

Fairchild Challenge

c/o Kate Borger

1059 Shady Ave, Pittsburgh, PA 15232

(412) 441-4442 ext. 3905 fairchildchallenge@phipps.conservatory.org