



Fairchild Challenge at Phipps 2016 – 2017 Middle School Registration Form

COMPLETE NAME C	F SCHOOL					
TYPE OF SCHOOL	□ Public	□ Private	□ Charter			
ESTIMATED 2016 – 2	2017 ENROLL	MENT				
SCHOOL MAILING A	ADDRESS					
SCHOOL CITY, ZIP						
SCHOOL PHONE	CHOOL PHONE SCHOOL FAX					
Teachers intereste	ed in particip	ating:				
Teacher I						
NAME				DISCIPLINE		
EMAIL		WORK PHO	ONE	OTHER PHONE (OPTIONAL)		
Teacher 2						
NAME				DISCIPLINE		
EMAIL	AIL WORK PHONE			OTHER PHONE (OPTIONAL)		
Teacher 3						
NAME				DISCIPLINE		
EMAIL		WORK PHO	ONE	OTHER PHONE (OPTIONAL)		
Name of supporti	ng school ad	ministrator a	and title:			
NAME				TITLE		
SIGNIATI IRE				DATE	-	

Please return this form by email, fax or mail:

Phipps Conservatory and Botanical Gardens The Fairchild Challenge

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Email: fairchildchallenge@phipps.conservatory.org

Phone: 412/622-6915 ext. 3905