

STEMQUEST



REGISTRATION FORM



ABOUT YOUR SCHOOL

LEAD CONTACT NAME: (teacher responsible as organiser of the quiz team)	
SCHOOL NAME AND ADDRESS:	
COUNCIL AREA:	
CONTACT TELEPHONE NUMBER:	
EMAIL ADDRESS:	
ADDITIONAL MOBILITY/VISUAL NEEDS REQUIRED FOR YOUR GROUP:	

ABOUT YOUR TEAM

Please provide the names of your team members (4 max.) and interesting fact about each team member (their STEM-related interests, hobbies and talents, plans for career etc.)

Team Member 1 NAME:	INTERESTS ETC:
YEAR:	
Team Member 2 NAME:	INTERESTS ETC:
YEAR:	
Team Member 3 NAME:	INTERESTS ETC:
YEAR:	
Team Member 4 NAME:	INTERESTS ETC:
YEAR:	

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SUBMITTER DECLARATION



I, _____ (the entrant or submitter) have read, understand and agree to abide by the rules governing the competition and certify that all information contained in the completed Registration Form is true and accurate.

Signature of Submitter: _____

Date: _____

Please Note: A signed photography/videography release form is required for each team member and must be included with this registration form (see attached).

Please send this completed form to rebeccapreece@titanicbelfast.com by 5.00pm on 19th January 2019.

STEMQUEST

RELEASE FORM

TEAM MEMBER 1



(Please print) I, _____, the parent or legal guardian of _____ (team member), give consent for my child to be photographed and filmed during the Titanic Belfast STEM Quest, and for the images or video to be used by Titanic Belfast and their agents in digital and print publications.

Signature of parent or legal guardian: _____

Date: _____

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RELEASE FORM

TEAM MEMBER 2



(Please print) I, _____, the parent or legal guardian of _____ (team member), give consent for my child to be photographed and filmed during the Titanic Belfast STEM Quest, and for the images or video to be used by Titanic Belfast and their agents in digital and print publications.

Signature of parent or legal guardian: _____

Date: _____

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RELEASE FORM

TEAM MEMBER 3



(Please print) I, _____, the parent or legal guardian of _____ (team member), give consent for my child to be photographed and filmed during the Titanic Belfast STEM Quest, and for the images or video to be used by Titanic Belfast and their agents in digital and print publications.

Signature of parent or legal guardian: _____

Date: _____



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RELEASE FORM

TEAM MEMBER 4



(Please print) I, _____, the parent or legal guardian of _____ (team member), give consent for my child to be photographed and filmed during the Titanic Belfast STEM Quest, and for the images or video to be used by Titanic Belfast and their agents in digital and print publications.

Signature of parent or legal guardian: _____

Date: _____