



Group Registration (by Teacher) Engineer It! April 12th, 2025

Teacher Name: _____ School: _____

Email: _____ Phone: _____

	Student Name	Grade	Drop It	Thrill It	Fly It	Build It	Power It	Clean It	Team Mate(s)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									



Please Note: Teachers must pay by credit card for all members of the team. When filling in the desired events please put an (I) for Individual or (T) for Team depending on how the students is participating. If students are participating as a team, please list the name(s) of their team mate(s). If you have any questions please contact cpait@coxsciencecenter.org.

	Student Name	Grade	Drop It	Thrill It	Float It	Launch It	Power It	Clean It	Teammate(s)
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									



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