

2006/07 MWRA School Contest Registration Form

**To be completed by the teacher and submitted with every packet of entries.
Each individual entry must have a Student Label attached to the back of the entry.**

(Please print)

School Name: _____

School Address: _____

City/Town: _____ **Zip Code:** _____

Teacher: _____
(last name) (first name)

School Phone: _____

Teacher's Email Address: _____

All entries should be sent to: **MWRA School Contest
Deer Island Treatment Plant
Reception/Training Building
190 Tafts Avenue
Winthrop, MA 02152**

Number of **poster entries** included: _____

Students' grade: _____

Posters will only be returned if indicated below. If nothing is indicated, the posters will be discarded.

Please return posters **YES** _____ **NO** _____

Number of **writing entries** included: _____

Students' grade: _____

FOR OFFICE USE ONLY

Entries Received: _____

Certificates Sent: _____