

2009/10 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: _____

School Phone: _____

Teacher's Email Address: _____

Fill in the entry information in the table below:

Entry Type	Number of Entries Included	Grade
Poster *		
Writing		

* Posters will only be returned if indicated below. If nothing is indicated, the posters will be recycled. Please return posters: YES ___ NO ___

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

FOR OFFICE USE ONLY

Entries Received: _____ Entered on Database: _____
Certificates Sent: _____