School:			
Coordinator(s):			
Coordinator for Judges to Contact:		(to list on confirmation packets)	
Proposed Date of Fair:			
Orientation Time:			
Time of Fair:			
Number of Judges Requested:			
Amenities Offered: Breakfast	Coffee	Snacks	
Drinks	Lunch	Other (specify)	
Need Tables: Yes \(\simeq \) No \(\simeq \)			
If yes, Delivery Date:			
Pickup Date:			
Number of Tables Requested:			

Form No.: ADM-920-008 – School Level Science Fair Details New Date: 7/31/19