



Please enter ALL information, print clearly, secure to **BACK** of entry

Mail completed
entries to: Cambridge Science Festival
MIT Museum
265 Massachusetts Ave.
Cambridge, MA 02139

First Name: _____ Last Name: _____ Age: _____

Entry Title: _____

School Name: _____ Grade: _____

City & State: _____

Teacher name: _____

Teacher or guardian email: _____

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