

## Louisville Regional Science Fair

Name of Student (6-8<sup>th</sup> Grade) \_\_\_\_\_

\_\_\_\_\_ I would like my child to participate in the Louisville Regional Science Fair on March 7 at the Louisville Science Museum. Included is the registration fee of \$10.

\_\_\_\_\_ I do not want my child to participate in the Louisville Regional Science Fair

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_